



Insurance Bureau of Canada

Ontario Health Claims Database

HCDB

Standard Report

2014 – H1

August 2014





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NOTES TO USERS REGARDING USE OF DATA

BACKGROUND

Effective February 1, 2011, Ontario health care facilities (including their associated health care providers) use the Health Claims for Auto Insurance (HCAI) system to submit Ontario Claims Forms (OCFs) 18, 21 and 23 to Ontario licensed automobile insurers. Insurers use the same system to communicate their decisions to the health care facilities.

Insurance Bureau of Canada (IBC) has entered into an agreement with the Financial Services Commission of Ontario (FSCO), and subsequently with Health Claims for Auto Insurance Processing (HCAIP) which operates the HCAI system to collect Ontario automobile insurance health claims data for statistical purposes. A governance framework has been established governing IBC's access to the automobile insurance health claims data.

To meet the privacy protection requirements stipulated in the *Personal Information Protection and Electronic Documents Act* (PIPEDA) the data transmitted from HCAIP to the Health Claims Database (HCDB) held by IBC does not include any personal identifying information such as name, address, postal code, and other information that might identify an individual claimant. Moreover, it does not include any personal health information.

The major purpose for the collection of automobile insurance health claims data is to better understand the medical and rehabilitation costs involved in Ontario automobile insurance health claims and the recovery process.

Based on consultation with the Ontario Ministry of Finance (MOF), FSCO, the Coalition Representing Health Professionals Associations in Ontario Automobile Insurance Services (the Coalition) and insurance companies, IBC has created this HCDB standard report to provide a basic statistical report on a consistent basis over time.

This report is designed for all stakeholders including regulators, health care provider associations, insurance companies in Ontario, as well as the general public.

Readers, especially those who are not familiar with the subject matter and the statistical principles used in this report, are advised to read the definitions in the following sections to avoid any misunderstanding and/or misinterpretation of this report.



DEFINITIONS

1. *Accident Half Year*

The HCDB standard report is published on an “accident half year” basis. In accident half year statistics, the experience of all claims (= claimants) with accident dates in the same accident half year is grouped together. The accident half years are defined as calendar half years, with January to June being the first half and July to December being the second half for each of the stated years. For example, all claimants that had accidents from January 1 to June 30, 2011, are grouped in the accident half year of 2011-H1. When looking at these figures readers should also be aware of the concept of “Claims Development” which is discussed in Item #11.

Since the HCAI system began full operation starting February 1, 2011, the accident half year of 2011-H1 does not capture the January 2011 data completely.

2. *Claimant*

The statistics reported in the HCDB standard report are on a “claimant basis”. A claimant is defined as a person who claims medical and/or rehabilitation accident benefits under a motor vehicle liability policy issued in Ontario. In a case where the same person suffers injuries from two [2] different auto accidents, the resulting count will be two [2] claimants. An auto accident may result in multiple injured persons who claim accident benefits. In this case the claimant count will be the same as the number of injured persons. If an auto accident does not lead to injury of any persons, the claimant count will be zero. For this reason there is no direct correlation between the number of claimants shown in this report and the number of auto accidents reported elsewhere.

A claimant will be counted in this HCDB report when an OCF-21B/C (Auto Insurance Standard Invoice) for that claimant is at least partially approved by the claimant’s insurer with a positive dollar amount. Consequently there may be a delay between the date of the accident and the date the claimant is counted in the HCDB report. This is necessary to avoid the possible fluctuation in the HCDB report due to withdrawal of claims by the claimant.

The HCAI system does not collect any data on whether the claimant is a driver, a passenger, a cyclist or a pedestrian at the time of the accident.

The HCAI system does not collect any data concerning what kind of vehicle is involved in the accident and what kind of automobile policy provides the coverage. As a result, the claims experience as shown in this report represents all vehicle types including but not limited to private passenger automobiles, motorcycles and commercial automobiles.



3. *Claimants by Age and Gender*

This exhibit shows claimants by age and gender. Age is grouped into seven [7] groups based on claimants' ages at the time of the accident. Gender is grouped into male and female.

4. *Claimants by Region*

Claimants are also grouped in six [6] regions based on the first three [3] digits of their resident postal code (forward sortation area, also known as FSA) at the time of the accident to show the regional distribution of the claimants within the province of Ontario. The six [6] regions are:

Region	Code	FSA Starting with
Toronto City	1	M
Toronto Suburban	2	L
Central Ontario	3	L
Southwestern Ontario	4	N
Eastern Ontario	5	K
Northern Ontario	6	P

The region 2 and 3 definition by detailed FSAs is attached to these notes.

5. *Claimants by Medical and Rehabilitation Expense Class*

The medical and rehabilitation expense class is based on the Canadian Classification of Health Interventions (CCI) and the Goods, Administration and Other Codes (GAP) collected from the OCFs. Please refer to <http://home.hcaiinfo.ca> for further details on these codes. The medical and rehabilitation expense class definition by the CCI/GAP codes is attached to these notes.

There are three [3] sub-classes under the treatment intervention types: Treatment – MIG only, Treatment – non MIG only and Treatment – MIG and non-MIG. Minor Injury Guideline (MIG) references a treatment program detailed in the Superintendent's Minor Injury Guideline. Treatment in the Minor Injury Guideline is available to claimants with injuries consistent with the definition of minor injury supplied in the Statutory Accident Benefits Schedule – Effective September 2010 (SABS). The classification of a claimant into one [1] of the three [3] sub-classes is made by the presence or absence of MIG health intervention codes or, to a lesser extent, the PAF (Pre-Approved Framework) codes which were discontinued for accidents on or after September 1, 2010. A claimant who receives treatment is counted in one [1] and only one [1] of these three [3] sub-classes.



Users are cautioned not to draw any conclusions about claimants' injury type or severity based on the treatment classifications reported. Claimants reported in any one [1] of the three [3] sub-classes may or may not have sustained a minor injury as defined in the SABS.

Since medical and rehabilitation expense classes are not mutually exclusive, a claimant may be counted more than once when the report shows claimant count by these classes. For example, a claimant may incur an expense in each of the classes representing examination, treatment and administration. In this case this claimant will be counted once in each of the classes resulting in a total claimant count of three [3]. However, this multiple count will be corrected to one when the report shows all classes totaled.

6. Claimants by Reported Injury Grouping (RIG)

The HCAI system collects the ICD-10-CA injury codes from the section "Injuries and Sequelae" in the OCFs. However, many health care facilities also report pre-existing and concurrent conditions in the same section. Furthermore, health care facilities may report the same injury in different ways based on their educational and professional background. This makes it difficult to group the more than 30,000 ICD-10-CA codes.

IBC and members of the Coalition have jointly developed a robust classification system. As a result, this HCDB report has adopted the following eight [8] reported injury groupings (RIGs) as recommended by this joint working group.

RIG Code	RIG Definition	RIG Description
A	Strains and/or Sprains	Muscle strains; and/or Joint/ligament sprains; and/or WAD I/WAD II. Excludes muscle/ligament laceration and/or rupture (RIG C).
B	Injury with Peripheral Nerve Involvement	Peripheral nerve injury; and/or Spinal nerve root injury; and/or Injury impacting peripheral nerve; and/or WAD III; and/or Intervertebral disc injury. Excludes peripheral nerve laceration (RIG C), spinal nerve root laceration (RIG D2) and cranial nerve injury (RIG D1)
C	Fractures, Dislocations and/or Extensive Soft Tissue Injury	Bone fracture; and/or Joint dislocation; and/or Muscle/tendon laceration; and/or Ligament rupture; and/or Peripheral nerve/nerve plexus laceration; and/or Skin avulsion. Excludes cranial nerve injury (RIG D1), spinal fracture and/or dislocation (RIG D2) & spinal nerve root laceration (RIG D2).
D1	Acquired Brain Injury and/or Cranial Nerve Injury	Intracranial injury (including concussion); and/or Cranial nerve injury; and/or Cranial blood vessel injury.



RIG Code	RIG Definition	RIG Description
D2	Spinal Injury and/or Spinal Cord Injury	Spinal fracture; and/or Spinal dislocation; and/or Spinal cord injury; and/or Nerve root laceration
D3	Internal and/or Extensive Injuries	Injury to internal organs; and/or Crush injuries; and/or Traumatic amputations; and/or Burns; and/or Corrosive injuries.
E	Multiple Major Injury	<p>Multiple injuries consisting of more than one injury from at least two of RIGs D1 and/or D2 and/or D3; i.e. D1 + D2 or D2 + D3 or D1 + D3 or D1 + D2 + D3.</p> <p>E.g. Concussion + Fracture of C5 – C7 vertebra: or Fracture of C5 – C7 vertebra + Laceration and puncture of lung; or Concussion + Laceration and puncture of lung; or Concussion + Fracture of C5 – C7 vertebra + Laceration and puncture of Lung</p> <p>Does not apply to multiple injuries from any one RIG.</p>
F	Other	Diseases, conditions and/or symptoms and injuries not specified or unspecified.

The RIG classification system is based on several factors including the type of injury, the tissue involved, injury management and resource utilization. The classification is the means by which reported injury codes resulting from motor vehicle accidents will be grouped for statistical reporting purposes and does not include any factors related to pre-existing medical conditions. This classification system does not reflect minor or catastrophic injury as defined under the SABS as these two [2] concepts are not based upon nor are they linked to the ICD-10-CA codes which form the basis for the RIGs. Nor does it have bearing on the adjudication of individual claims.

The RIGs are mutually exclusive. Each claimant can be assigned to only one [1] of eight [8] groupings, based on the reported injury code(s) according to the highest alphanumeric identifier (RIG A – E) associated with those codes reported over the duration of the claim. Claimants reporting codes that are not associated with a specific RIG A – E will be reported under “Other” (RIG F).

All related stakeholders are urged to take the necessary steps to ensure that the injury codes reported are accurate. This HCDB report can only be as valid as the original reported data.



7. Claimants by Healthcare Professional Occupation Class

HCAI has collected the healthcare professional occupation data in the Minor Injury Guideline (MIG) section of the OCF-21C beginning on November 1st, 2012. For this reason this exhibit starts with the accident half year of 2013H1 and goes forward.

The occupation class is defined by grouping all the reported occupation codes. Please refer to the classification table attached to these notes for further details.

8. Insurer Paid

The column “insurer paid” is equal to the amount paid by insurers to health care facilities for medical and rehabilitation expenses as approved on OCF-21B/Cs. The amount approved by the insurers on the OCF-21B/C is deemed to be equivalent to the paid amount, although the actual payment is not captured in the HCDB and there may be a lag time between approval and actual payment.

This amount includes HST and interests payable, but it does not include health care expenses paid for by OHIP, private insurers or extended health insurers. It also may not include expenses paid to out-of-province health care facilities or expenses that are administered outside HCAI. Expenses that may be administered outside HCAI may include but are not limited to, prescription medications, dentist's goods and services, and goods and supplies under \$250. Furthermore, this amount does not include any reserves insurers set aside or any claims adjustment expenses incurred by the insurers. As a result, the numbers reported in this HCDB report may not be balanced with other statistical reports, such as comparable General Insurance Statistical Agency (GISA) exhibits.

9. Unallocated Amount

In the OCF21B/C insurer paid amount is defined as medical/rehabilitation expense – contributions from MOH and other insurers + applicable tax + interest. The latter three [3] components may not be allocated to the respective classifications in the report. For example, MOH has contributed \$200 to the medical/rehabilitation expense. This amount can be allocated to the claimant for whom it is paid. However, the OCF21B/C does not collect detailed data to link this contribution to any CCI/GAP code. For this reason this \$200 cannot be allocated to the treatment or the examination in the report by medical and rehabilitation expense class.

This kind of unallocated amount is grouped together and reported separately in its own class “Unallocated Amount” where it is necessary. The claimant count is not reported for this class to avoid a double count.

10. Claims Development

This HCDB report is based on data reported as of June 30, 2014, and captures all data reported to the HCAI system and subsequently transferred to the HCDB up to this date. Anything reported after this date is not included in this report.



There may be significant delays between the date of the accident and the date of the first insurer payment. As well, claimants with minor injuries may recover relatively soon after the accident while it may take more than ten [10] years for severely injured claimants. This effect is typically known as claims development.

To illustrate the effect of the claims development, here is an example: a claimant who has an accident on October 15, 2011, receives the first payment of \$500 on February 15, 2012, the second payment of \$2,000 on July 15, 2012 and the final payment of \$1,000 on September 15, 2013. In this case the HCDB report would show the following:

Reporting Period	Claimant Count	Insurer Paid
as of Dec. 31, 2011	-	-
as of Jun. 30, 2012	1	500
as of Dec. 31, 2012	1	2,500
as of Jun. 30, 2013	1	2,500
as of Dec. 31, 2013	1	3,500
as of Jun. 30, 2014	1	3,500

Due to this development effect, older accident half year numbers tend to show higher claimant counts and insurer paid amounts while newer accident half year tend to show lower claimant counts and insurer paid amounts. The claimant count will become stable after a relatively short delay while the insurer paid amount will take a longer time to achieve a stable level.

Consequently, readers are cautioned not to derive any trends based on the data reported here without considering this claims development effect. Since this report shows only three years of data, both claimant counts and insurer paid amounts may experience significant development over the next few years.



HCDB Standard Report – Region 2 and 3 Definition

FSA	Region	FSA	Region	FSA	Region	FSA	Region	FSA	Region
LoA	3	L2A	3	L4N	3	L6L	3	L8S	3
LoB	3	L2E	3	L4P	3	L6M	3	L8T	3
LoC	3	L2G	3	L4R	3	L6P	2	L8V	3
LoE	3	L2H	3	L4S	2	L6R	2	L8W	3
LoG	3	L2J	3	L4T	2	L6S	2	L9A	3
LoH	3	L2M	3	L4V	2	L6T	2	L9B	3
LoJ	3	L2N	3	L4W	2	L6V	2	L9C	3
LoK	3	L2P	3	L4X	2	L6W	2	L9G	3
LoL	3	L2R	3	L4Y	2	L6X	2	L9H	3
LoM	3	L2S	3	L4Z	2	L6Y	2	L9J	3
LoN	3	L2T	3	L5A	2	L6Z	2	L9K	3
LoP	3	L2V	3	L5B	2	L7A	2	L9L	3
LoR	3	L2W	3	L5C	2	L7B	3	L9M	3
LoS	3	L3B	3	L5E	2	L7C	3	L9N	3
LoW	3	L3C	3	L5G	2	L7E	3	L9P	3
L1A	3	L3K	3	L5H	2	L7G	3	L9R	3
L1B	3	L3M	3	L5J	2	L7J	3	L9S	3
L1C	3	L3P	2	L5K	2	L7K	2	L9T	3
L1E	3	L3R	2	L5L	2	L7L	3	L9V	3
L1G	3	L3S	2	L5M	2	L7M	3	L9W	3
L1H	3	L3T	2	L5N	2	L7N	3	L9Y	3
L1J	3	L3V	3	L5P	2	L7P	3	L9Z	2
L1K	3	L3X	3	L5R	2	L7R	3		
L1L	3	L3Y	3	L5S	2	L7S	3		
L1M	3	L3Z	3	L5T	2	L7T	3		
L1N	3	L4A	2	L5V	2	L8E	3		
L1P	3	L4B	2	L5W	2	L8G	3		
L1R	3	L4C	2	L6A	2	L8H	3		
L1S	2	L4E	2	L6B	2	L8J	3		
L1T	2	L4G	3	L6C	2	L8K	3		
L1V	2	L4H	2	L6E	2	L8L	3		
L1W	2	L4J	2	L6G	2	L8M	3		
L1X	2	L4K	2	L6H	3	L8N	3		
L1Y	2	L4L	2	L6J	3	L8P	3		
L1Z	2	L4M	3	L6K	3	L8R	3		



HCDB Standard Report – Medical and Rehabilitation Expense Class Definition

Med/Rehab Expense Class	Codes	Source	Description
Insurer initiated exam	I	GAP	Insurer initiated exam (sec.44)
Insurer initiated exam	R	GAP	Rebuttal exam (discontinued)
Provider initiated exam	2	CCI	Diagnostic (assessments/tests)
Provider initiated exam	3 ex 3SC10	CCI	Diagnostic (imaging) excluding 3SC10
Provider initiated exam	C	GAP	Pre-Claim exam (discontinued)
Provider initiated exam	D	GAP	DAC code (discontinued)
Provider initiated exam	H	GAP	Provider initiated exam (sec.25)
Treatment – MIG only	M	GAP	MIG codes
Treatment – MIG only	P	GAP	PAF codes (discontinued)
Treatment – MIG only	3SC10	CCI	X-ray, spinal vertebrae
Treatment - non-MIG only	1	CCI	Therapeutic (physical/physiological)
Treatment - non-MIG only	6	CCI	Therapeutic (cognitive/Psychosocial/sensory)
Treatment - non-MIG only	7	CCI	Other (health care/services/support)
Treatment - non-MIG only	S	GAP	Session codes
Treatment – MIG/non-MIG	N/A	N/A	When both MIG and non-MIG codes are reported for the same claimant
Goods and supplies	G	GAP	Goods and supplies
Missed/Cancelled Appointments	AXXNS/CN	GAP	Missed/Cancelled Appointments
Transportation	AXXCT/KM/TT	GAP	Transportation/Mileage/Travel time
Other	AXXOT/TR/TC	GAP	Translation/Consultation/Other



HCDB Standard Report – Healthcare Professional Occupation Class Definition

Reported Occupation Codes	Descriptions	Occupation Classes
DC	Chiropractor	Chiropractic
MT	Massage Therapist	Massage Therapy
GP	Family Practitioner/General Practitioner	Medicine
MD	Other Medical/Surgical Practitioner	Medicine
OSN	Orthopaedic Surgeon	Medicine
PHY	Physiatrist	Medicine
PY	Psychiatrist	Medicine
NG	Neurologist	Medicine
OH	Occupational Medicine	Medicine
NSN	Neurosurgeon	Medicine
RSN	Rheumatologist	Medicine
CR	Cardiologist	Medicine
DR	Dermatologist	Medicine
GE	Gastroenterologist	Medicine
GS	General Surgeon	Medicine
IN	Internal Medicine	Medicine
NPY	Neuropsychiatrist	Medicine
OL	Otolaryngologist/Head Neck Surgeon	Medicine
OM	Ophthalmologist	Medicine
PSN	Plastic Surgeon	Medicine
RD	Radiologist	Medicine



Reported Occupation Codes	Descriptions	Occupation Classes
UR	Urologist	Medicine
OT	Occupational Therapist	Occupational Therapy
OTA	Occupational Therapy Assistant	Occupational Therapy
KN	Kinesiologist	Other
AC	Acupuncturist	Other
DD	Dentist	Other
SW	Social worker	Other
SL	Speech-Language Pathologist	Other
PR	Psychotherapist	Other
NT	Naturopath	Other
OP	Optometrist	Other
MR	Medical Radiation Technologist	Other
PO	Podiatrist/Chiropodist	Other
ML	Medical Laboratory Technologist	Other
AU	Audiologist	Other
CD	Communicative Disorders Assistant	Other
DE	Denturist	Other
DI	Dietitian	Other
PH	Pharmacist	Other
RS	Respiratory Therapist	Other
SS	Social service worker	Other
RN	Registered Nurse	Other
NP	Nurse Practitioner	Other



Reported Occupation Codes	Descriptions	Occupation Classes
HA	Healthcare Aid	Other
RP	Registered Practical Nurse	Other
OTH	Other	Other
CM	Case Manager	Other
RH	Rehabilitation Counselor /Therapist	Other
AH	Athletic Therapist	Other
OS	Osteopath	Other
OR	Orthotist/Prosthetist	Other
VR	Vocational Rehabilitation Counselor	Other
PX	Other Paramedical	Other
RT	Recreation Therapist	Other
AT	Assistant Therapist	Other
AN	Assistant Nurse	Other
DT	Dental Technologist	Other
OC	Optician	Other
ACR	Acupuncturist (regulated)	Other
TCM	Traditional Chinese Medicine	Other
KNR	Kinesiologist (regulated)	Other
PT	Physiotherapist	Physiotherapy
PHA	Physiotherapist Assistant	Physiotherapy
PS	Psychologist	Psychology
PA	Psychological Associate	Psychology
NPS	Neuropsychologist	Psychology



Reported Occupation Codes	Descriptions	Occupation Classes
PM	Psychometrist	Psychology



HCDB Exhibits

Notes to Users Regarding the Use of Data

The following data displays claim activity amounts from the date of the accident until June 30, 2014 and are presented for the seven [7] following accident periods:

1. January 1 – June 30, 2011
2. July 1 – December 31, 2011
3. January 1 – June 30, 2012
4. July 1 – December 31, 2012
5. January 1 – June 30, 2013
6. July 1 – December 31, 2013
7. January 1 – June 30, 2014

Claim activity is attributed to the period of time during which the accident happened, not when the claim was first reported or when the payments were made. Payments continue to be made over time, as the costs of further treatments, examinations, and associated expenses become known. Caution should be exercised in comparing one accident period to another as the information from the more recent accident periods can change substantially.

“Insurer paid” is equal to the amount paid by insurers to health care facilities for medical and rehabilitation expenses. This amount includes the HST and interests payable, but it does not include health care expenses paid by OHIP, private insurers or extended health insurers. It may also not include expenses paid to out-of-province health care facilities or expenses that are administered outside HCAI.

A claimant is a person who claims medical and/or rehabilitation accident benefits under a motor vehicle liability policy issued in Ontario. A claimant will be counted in this report when an OCF-21B/C (Auto Insurance Standard Invoice) for that claimant is approved, or partially approved, by the claimant’s insurer, with a positive dollar amount.

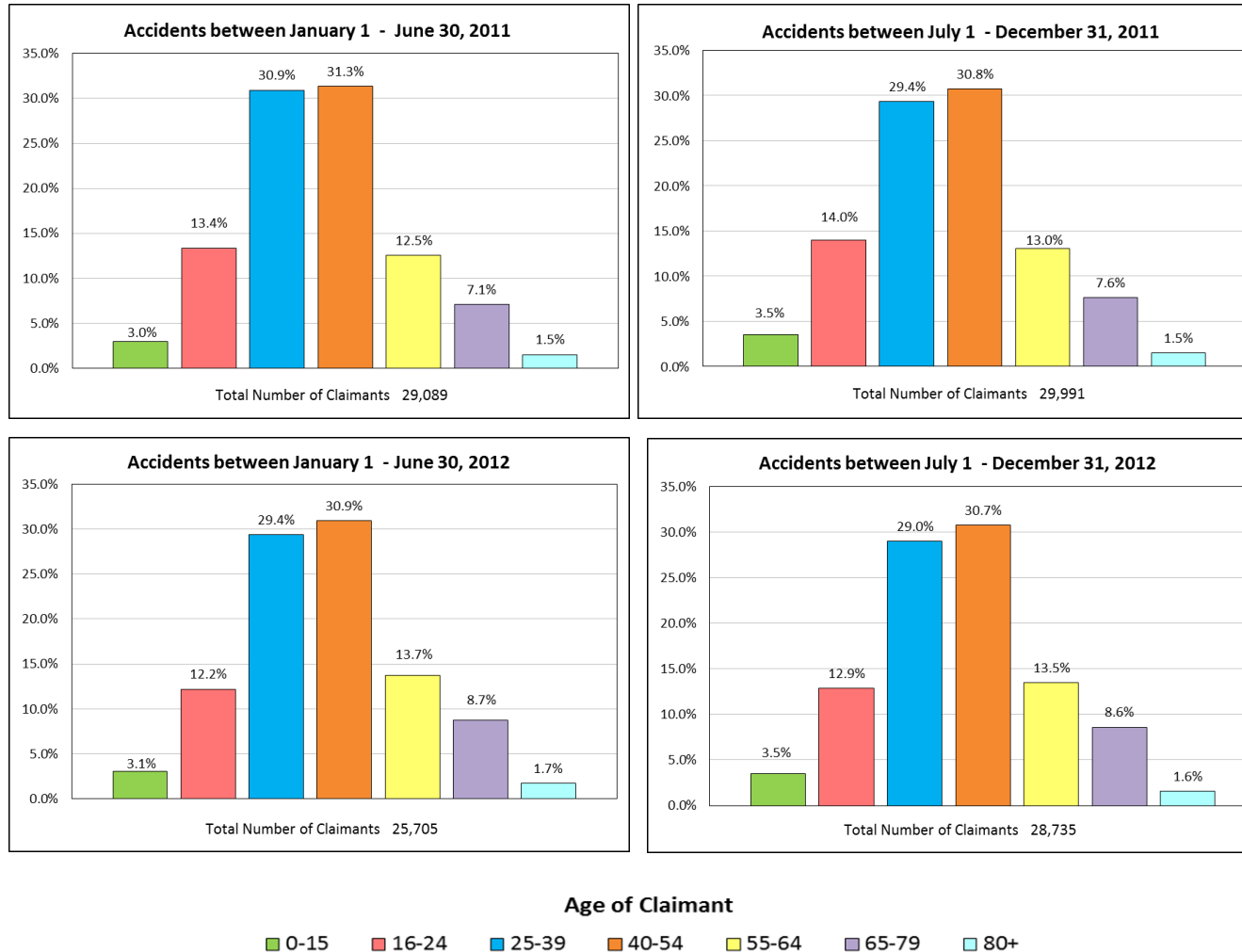


HCDB Exhibit One

Claimants by Age and Gender

Percentage of Claimants by Age Group

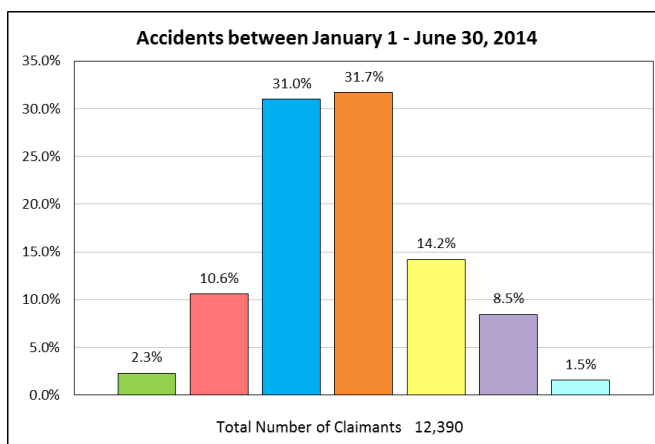
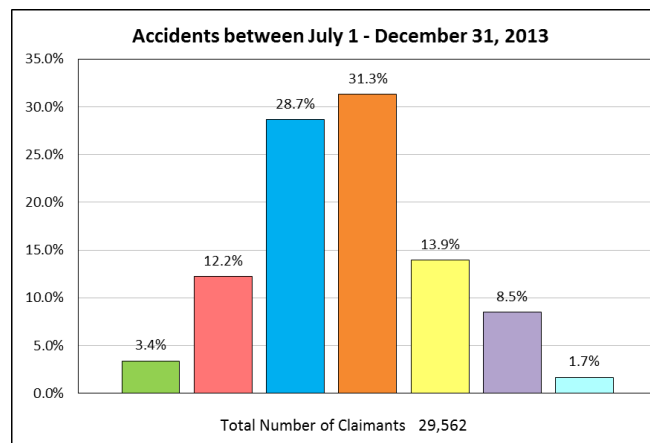
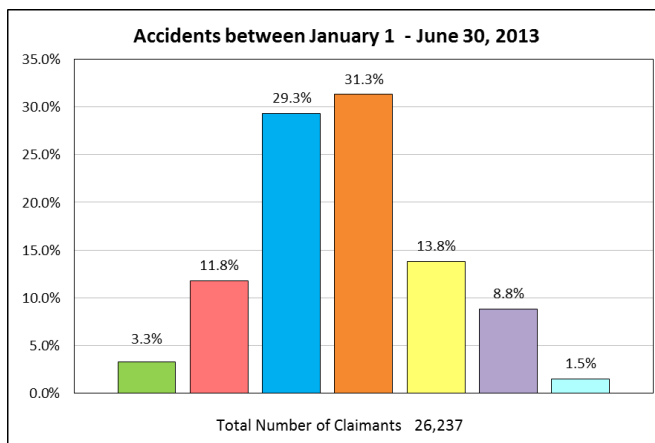
Based on claim transactions between the Accident Date and June 30, 2014





Percentage of Claimants by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



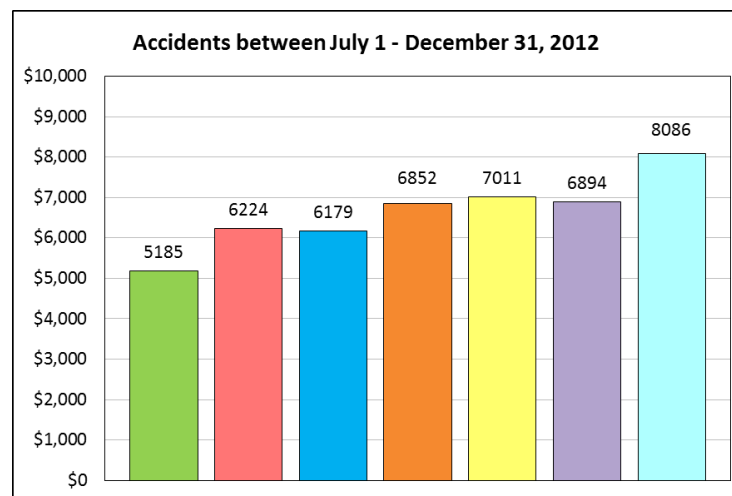
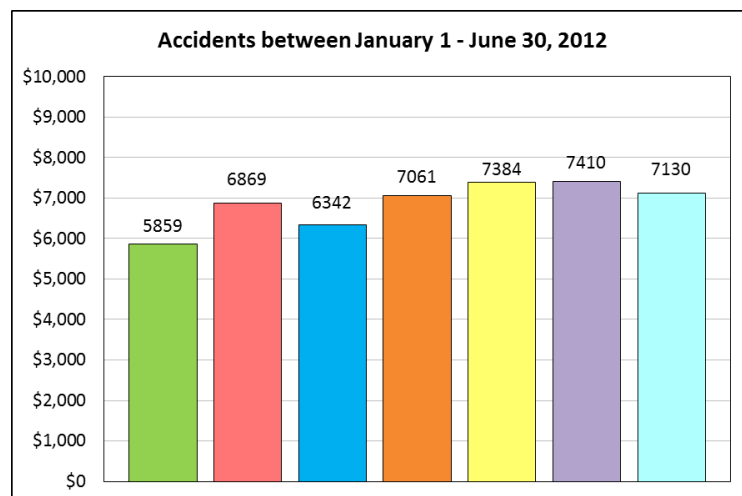
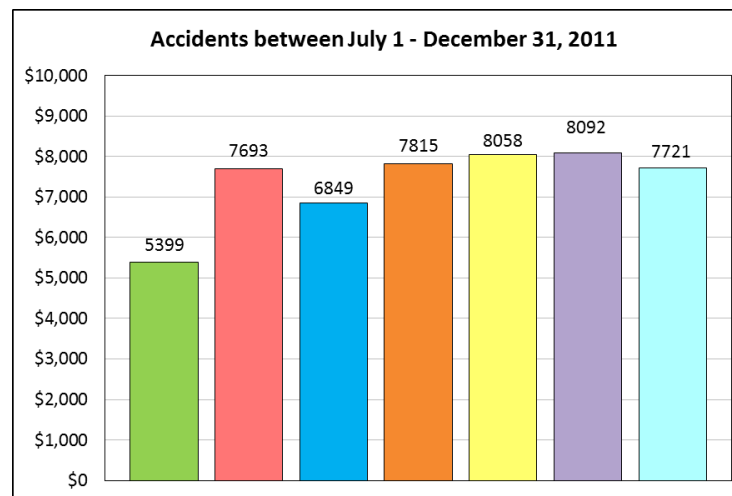
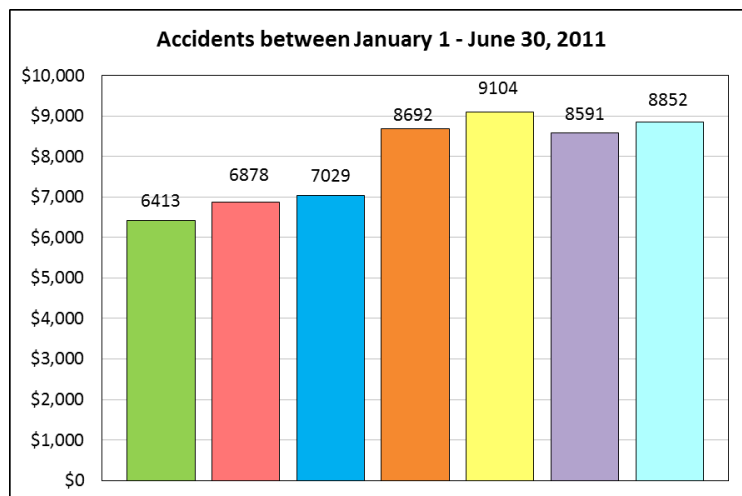
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



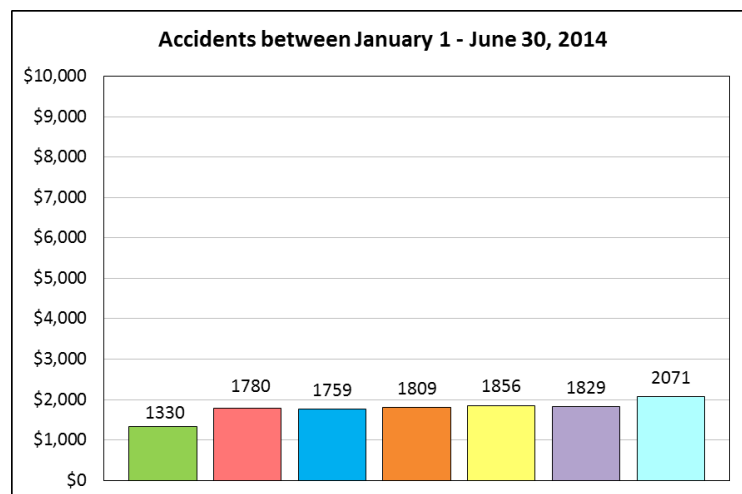
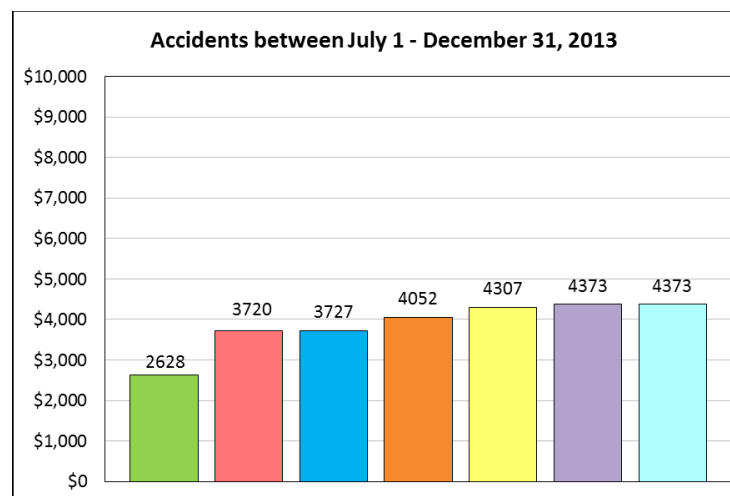
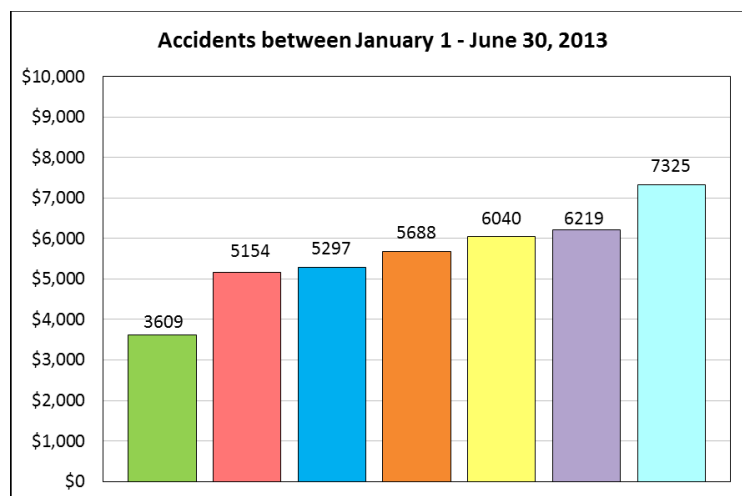
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



By Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants - Total Age Group	Accident dates January 1 - June 30, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	877	3.0%	5,624,042	2.4%	6,413
16-24	3,886	13.4%	26,729,652	11.6%	6,878
25-39	8,987	30.9%	63,168,210	27.5%	7,029
40-54	9,108	31.3%	79,168,921	34.4%	8,692
55-64	3,649	12.5%	33,221,158	14.5%	9,104
65-79	2,072	7.1%	17,801,499	7.7%	8,591
80+	445	1.5%	3,939,322	1.7%	8,852
Unknown	65	0.2%	165,871	0.1%	2,552
All Claimants - Total	29,089	100%	229,818,675	100%	7,901

All Claimants - Total Age Group	Accident dates July 1 - December 31, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	1,053	3.5%	5,685,396	2.5%	5,399
16-24	4,189	14.0%	32,225,463	14.4%	7,693
25-39	8,803	29.4%	60,292,429	26.9%	6,849
40-54	9,225	30.8%	72,097,743	32.2%	7,815
55-64	3,909	13.0%	31,498,853	14.1%	8,058
65-79	2,294	7.6%	18,563,444	8.3%	8,092
80+	453	1.5%	3,497,712	1.6%	7,721
Unknown	65	0.2%	243,711	0.1%	3,749
All Claimants - Total	29,991	100.0%	224,104,750	100.0%	7,472



By Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants - Total Age Group	Accident dates January 1 - June 30, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	787	3.1%	4,610,883	2.6%	5,859
16-24	3,137	12.2%	21,547,811	12.2%	6,869
25-39	7,559	29.4%	47,941,142	27.2%	6,342
40-54	7,954	30.9%	56,166,532	31.9%	7,061
55-64	3,533	13.7%	26,086,297	14.8%	7,384
65-79	2,243	8.7%	16,620,904	9.4%	7,410
80+	444	1.7%	3,165,868	1.8%	7,130
Unknown	48	0.2%	157,796	0.1%	3,287
All Claimants - Total	25,705	100.0%	176,297,232	100.0%	6,858

All Claimants - Total Age Group	Accident dates July 1 - December 31, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	1,012	3.5%	5,247,006	2.8%	5,185
16-24	3,698	12.9%	23,018,153	12.2%	6,224
25-39	8,330	29.0%	51,469,559	27.3%	6,179
40-54	8,833	30.7%	60,520,818	32.1%	6,852
55-64	3,872	13.5%	27,145,698	14.4%	7,011
65-79	2,473	8.6%	17,047,831	9.1%	6,894
80+	454	1.6%	3,670,826	1.9%	8,086
Unknown	63	0.2%	204,139	0.1%	3,240
All Claimants - Total	28,735	100.0%	188,324,030	100.0%	6,554



By Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants - Total Age Group	Accident dates January 1 - June 30, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	856	3.3%	3,089,038	2.1%	3,609
16-24	3,090	11.8%	15,926,245	10.9%	5,154
25-39	7,688	29.3%	40,722,117	27.9%	5,297
40-54	8,212	31.3%	46,708,389	32.0%	5,688
55-64	3,626	13.8%	21,901,615	15.0%	6,040
65-79	2,311	8.8%	14,371,577	9.9%	6,219
80+	392	1.5%	2,871,502	2.0%	7,325
Unknown	62	0.2%	213,501	0.1%	3,444
All Claimants - Total	26,237	100.0%	145,803,984	100.0%	5,557

All Claimants - Total Age Group	Accident dates July 1 - December 31, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	1,004	3.4%	2,638,988	2.3%	2,628
16-24	3,621	12.2%	13,471,894	11.6%	3,720
25-39	8,482	28.7%	31,608,758	27.2%	3,727
40-54	9,265	31.3%	37,544,436	32.3%	4,052
55-64	4,116	13.9%	17,728,781	15.2%	4,307
65-79	2,515	8.5%	10,996,928	9.5%	4,373
80+	496	1.7%	2,169,089	1.9%	4,373
Unknown	63	0.2%	126,699	0.1%	2,011
All Claimants - Total	29,562	100.0%	116,285,573	100.0%	3,934



By Claimant Age Group and Accident Date

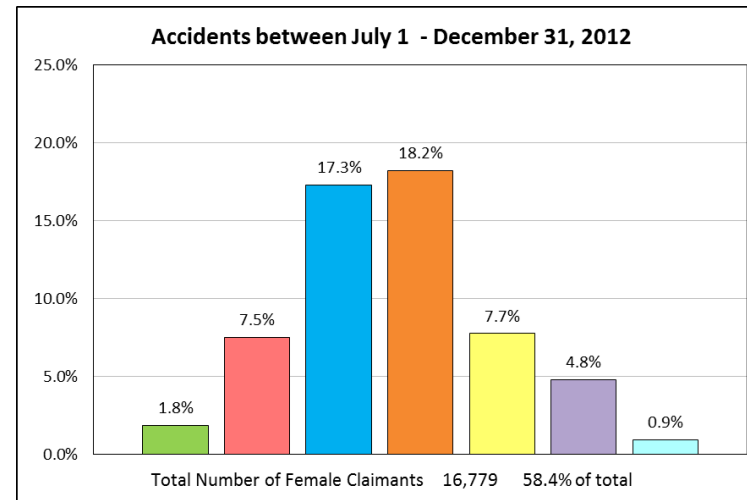
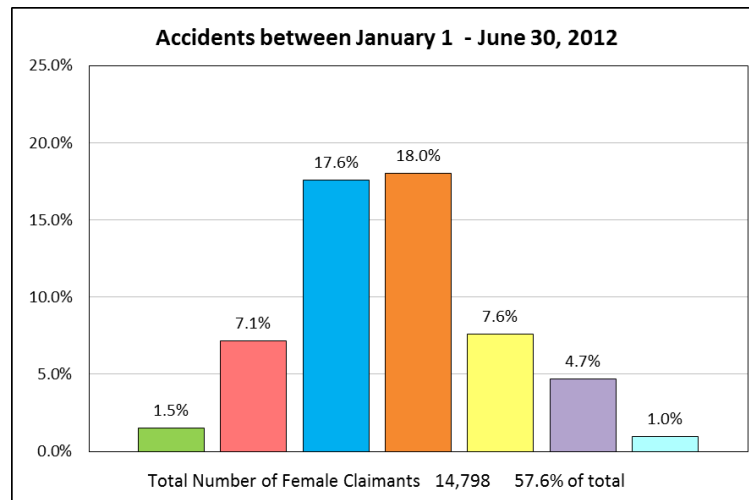
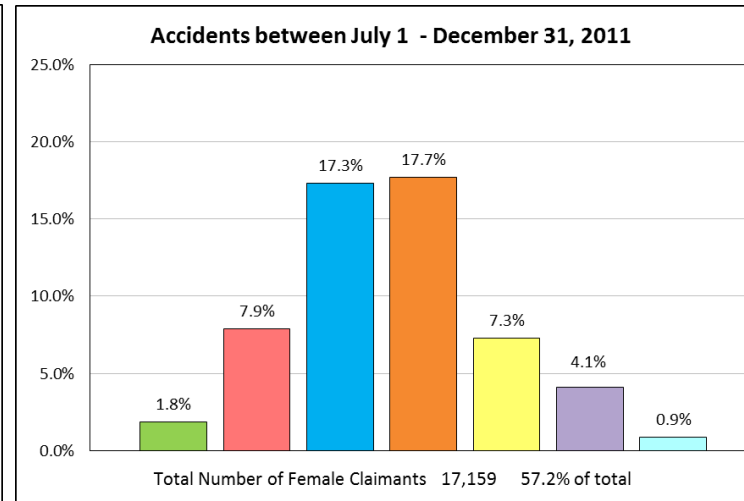
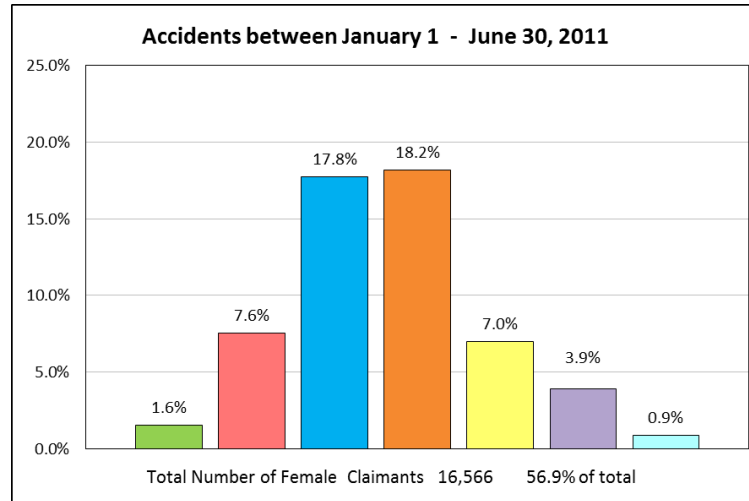
Based on claim transactions between the Accident Date and June 30, 2014

All Claimants - Total Age Group	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	284	2.3%	377,772	1.7%	1,330
16-24	1,312	10.6%	2,335,032	10.5%	1,780
25-39	3,840	31.0%	6,755,292	30.5%	1,759
40-54	3,925	31.7%	7,098,881	32.0%	1,809
55-64	1,760	14.2%	3,265,985	14.7%	1,856
65-79	1,047	8.5%	1,915,120	8.6%	1,829
80+	191	1.5%	395,609	1.8%	2,071
Unknown	31	0.3%	39,243	0.2%	1,266
All Claimants - Total	12,390	100.0%	22,182,934	100.0%	1,790



Percentage of Female Claimants by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



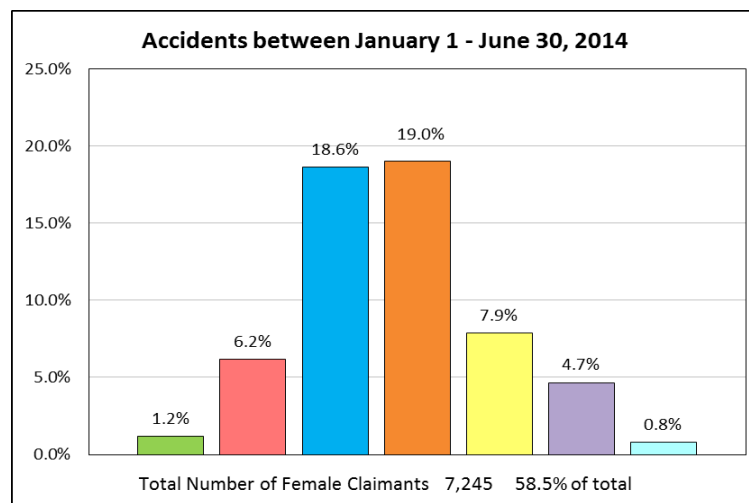
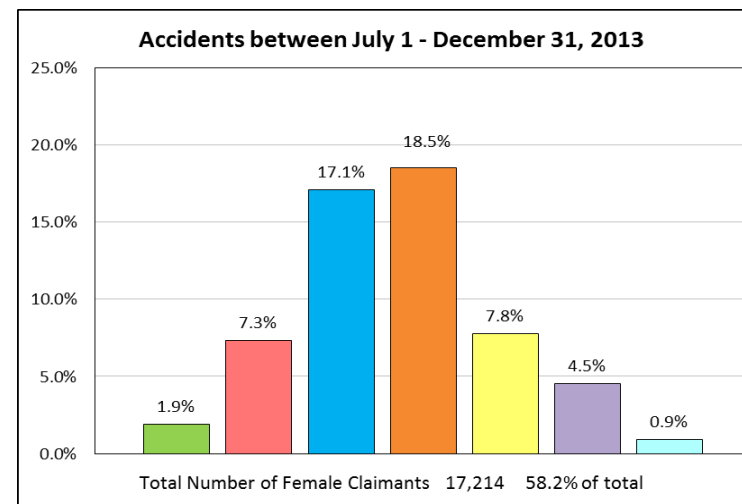
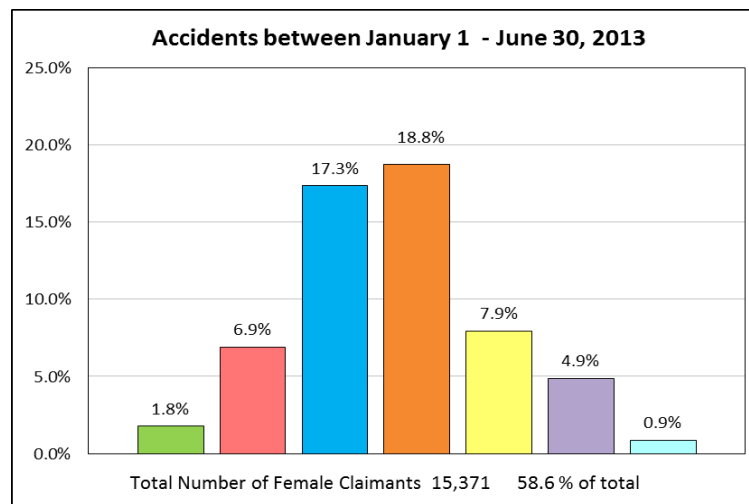
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Percentage of Female Claimants by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



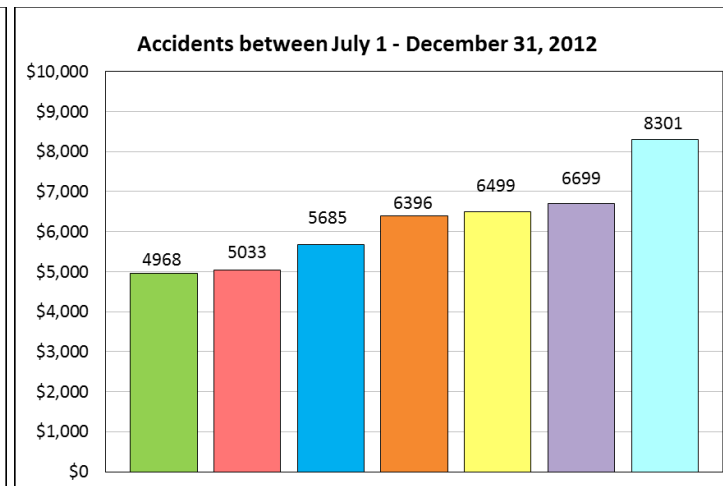
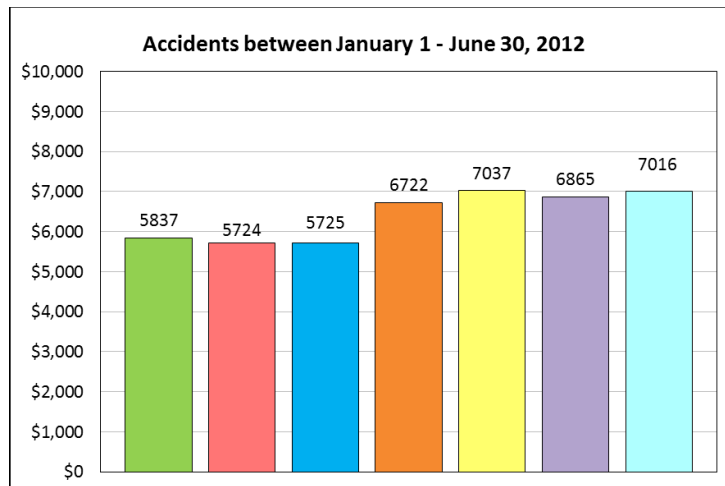
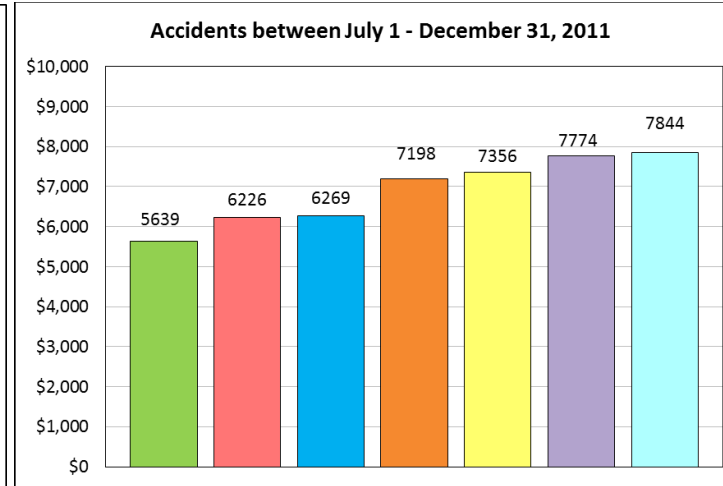
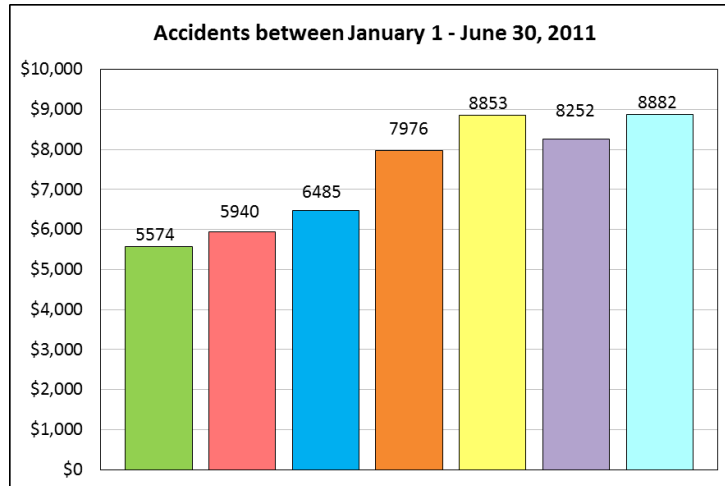
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Female Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



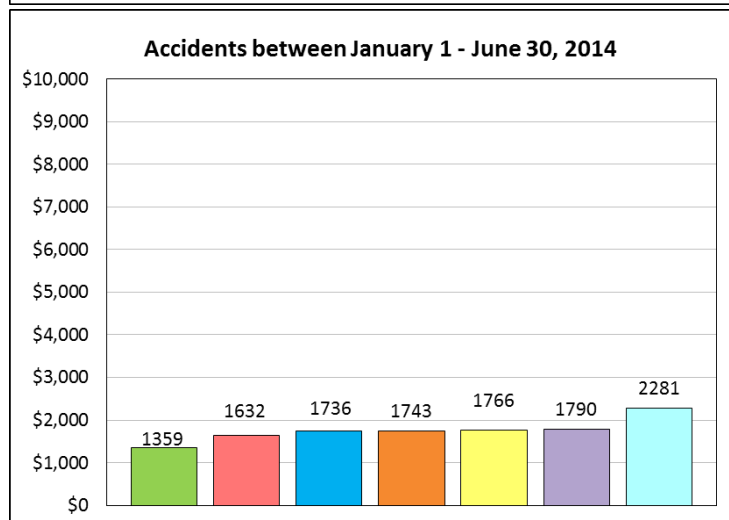
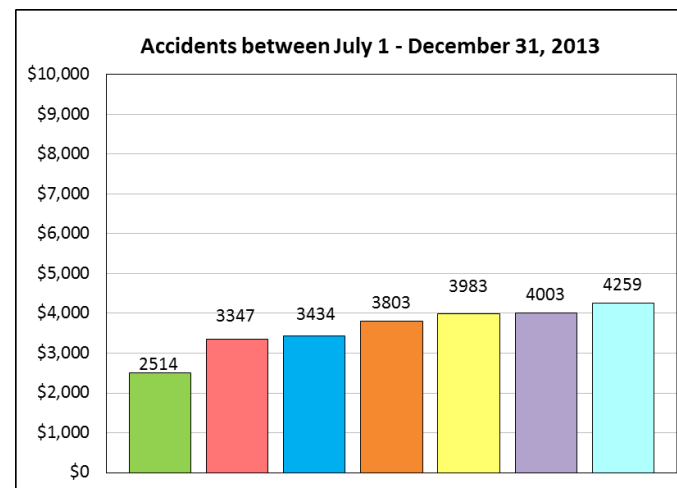
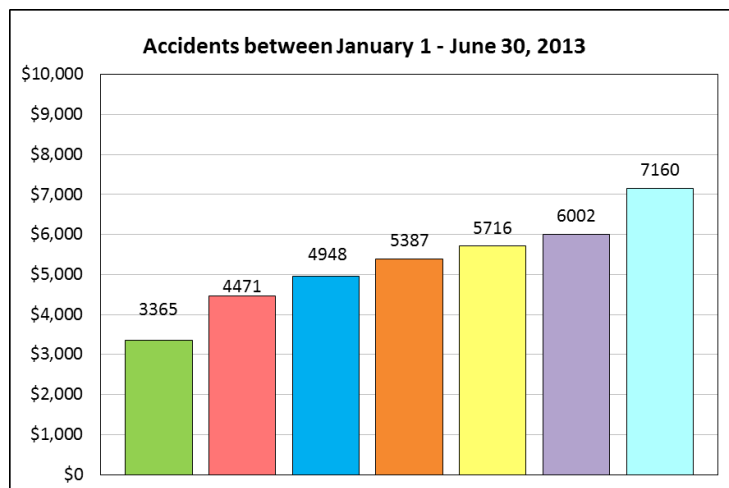
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Female Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



By Female Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Female Claimants Age Group	Accident dates January 1 - June 30, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	452	1.6%	2,519,392	1.1%	5,574
16-24	2,198	7.6%	13,055,513	5.7%	5,940
25-39	5,164	17.8%	33,486,462	14.6%	6,485
40-54	5,293	18.2%	42,216,829	18.4%	7,976
55-64	2,040	7.0%	18,061,075	7.9%	8,853
65-79	1,129	3.9%	9,315,958	4.1%	8,252
80+	258	0.9%	2,291,517	1.0%	8,882
Unknown	32	0.1%	77,964	0.0%	2,436
Female Claimants - Total	16,566	56.9%	121,024,711	52.7%	7,306

Female Claimants Age Group	Accident dates July 1 - December 31, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	552	1.8%	3,112,613	1.4%	5,639
16-24	2,370	7.9%	14,755,512	6.6%	6,226
25-39	5,199	17.3%	32,593,809	14.5%	6,269
40-54	5,314	17.7%	38,249,423	17.1%	7,198
55-64	2,191	7.3%	16,117,064	7.2%	7,356
65-79	1,237	4.1%	9,617,046	4.3%	7,774
80+	259	0.9%	2,031,704	0.9%	7,844
Unknown	37	0.1%	125,861	0.1%	3,402
Female Claimants - Total	17,159	57.2%	116,603,031	52.0%	6,795



By Female Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Female Claimants Age Group	Accident dates January 1 - June 30, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	390	1.5%	2,276,245	1.3%	5,837
16-24	1,836	7.1%	10,508,559	6.0%	5,724
25-39	4,519	17.6%	25,871,242	14.7%	5,725
40-54	4,630	18.0%	31,120,774	17.7%	6,722
55-64	1,954	7.6%	13,751,142	7.8%	7,037
65-79	1,204	4.7%	8,265,609	4.7%	6,865
80+	245	1.0%	1,718,970	1.0%	7,016
Unknown	20	0.1%	47,791	0.0%	2,390
Female Claimants - Total	14,798	57.6%	93,560,333	53.1%	6,322

Female Claimants Age Group	Accident dates July 1 - December 31, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	530	1.8%	2,632,932	1.4%	4,968
16-24	2,151	7.5%	10,826,304	5.7%	5,033
25-39	4,963	17.3%	28,216,527	15.0%	5,685
40-54	5,232	18.2%	33,465,523	17.8%	6,396
55-64	2,225	7.7%	14,460,831	7.7%	6,499
65-79	1,374	4.8%	9,204,364	4.9%	6,699
80+	266	0.9%	2,207,975	1.2%	8,301
Unknown	38	0.1%	108,378	0.1%	2,852
Female Claimants - Total	16,779	58.4%	101,122,834	53.7%	6,027



By Female Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Female Claimants Age Group	Accident dates January 1 - June 30, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	464	1.8%	1,561,158	1.1%	3,365
16-24	1,811	6.9%	8,097,730	5.6%	4,471
25-39	4,552	17.3%	22,525,409	15.4%	4,948
40-54	4,921	18.8%	26,509,143	18.2%	5,387
55-64	2,084	7.9%	11,913,063	8.2%	5,716
65-79	1,280	4.9%	7,682,646	5.3%	6,002
80+	228	0.9%	1,632,557	1.1%	7,160
Unknown	31	0.1%	133,570	0.1%	4,309
Female Claimants - Total	15,371	58.6%	80,055,275	54.9%	5,208

Female Claimants Age Group	Accident dates July 1 - December 31, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	565	1.9%	1,420,574	1.2%	2,514
16-24	2,170	7.3%	7,262,029	6.2%	3,347
25-39	5,050	17.1%	17,339,803	14.9%	3,434
40-54	5,471	18.5%	20,807,939	17.9%	3,803
55-64	2,303	7.8%	9,172,404	7.9%	3,983
65-79	1,338	4.5%	5,356,529	4.6%	4,003
80+	274	0.9%	1,166,965	1.0%	4,259
Unknown	43	0.1%	91,145	0.1%	2,120
Female Claimants - Total	17,214	58.2%	62,617,389	53.8%	3,638



By Female Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

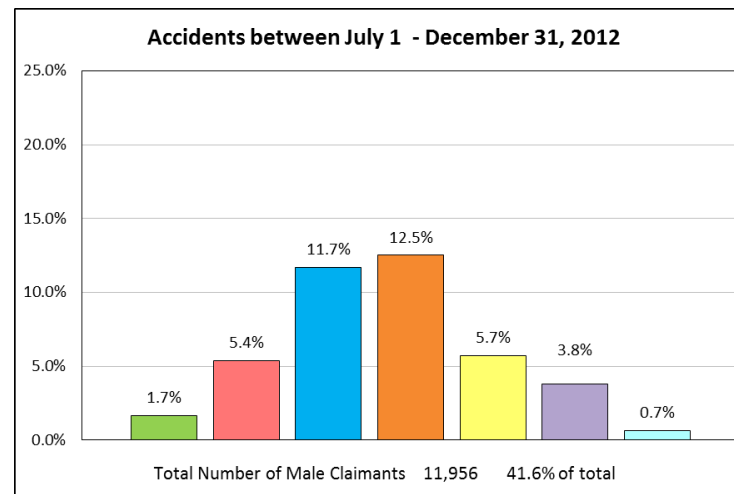
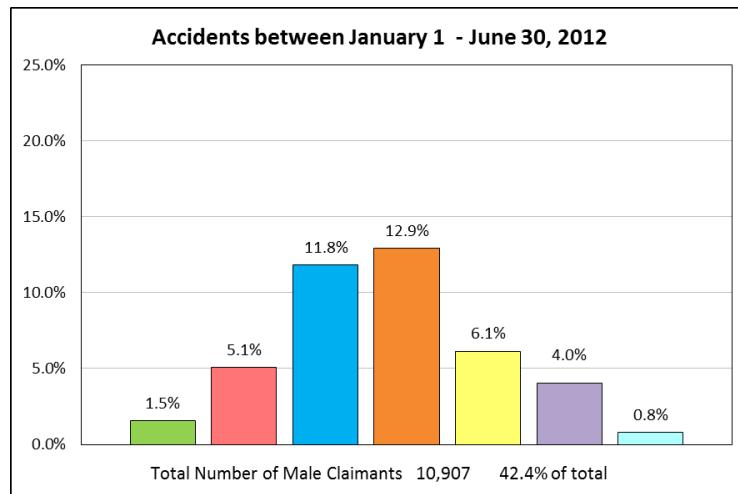
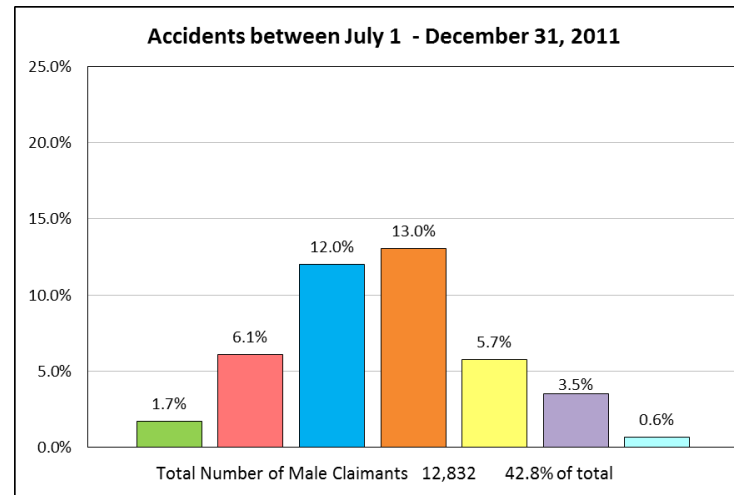
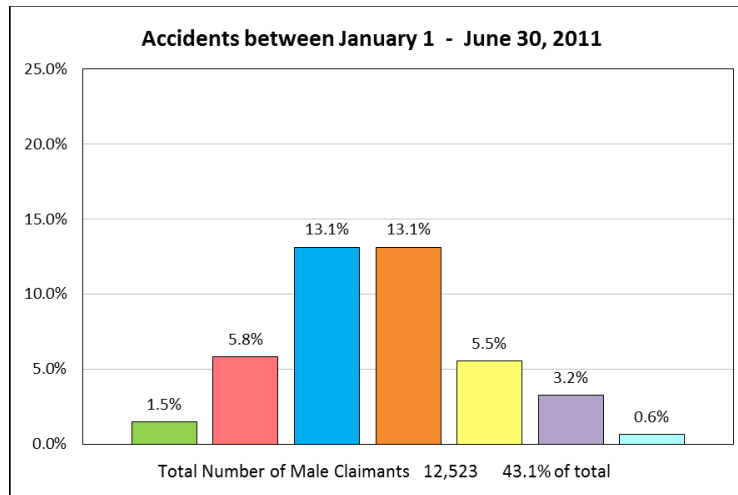


Female Claimants Age Group	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	149	1.2%	202,555	0.2%	1,359
16-24	762	6.2%	1,243,822	5.6%	1,632
25-39	2,306	18.6%	4,003,099	18.0%	1,736
40-54	2,356	19.0%	4,105,376	18.5%	1,743
55-64	977	7.9%	1,725,190	7.8%	1,766
65-79	578	4.7%	1,034,531	4.7%	1,790
80+	98	0.8%	223,574	1.0%	2,281
Unknown	19	0.2%	26,508	0.1%	1,395
Female Claimants - Total	7,245	58.5%	12,564,654	56.6%	1,734



Percentage of Male Claimants by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



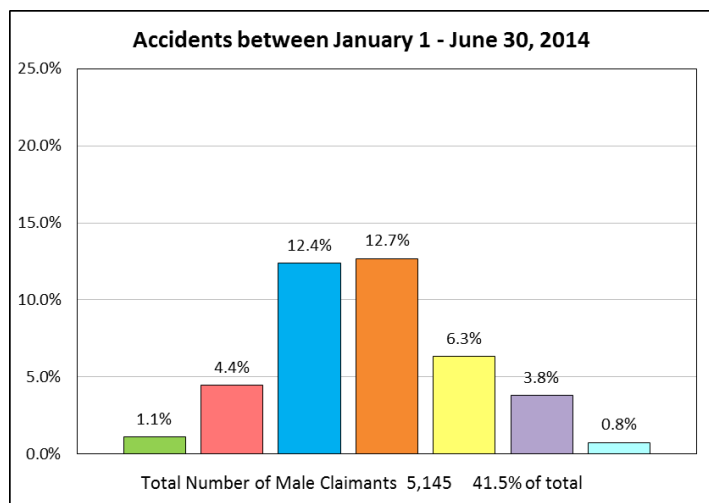
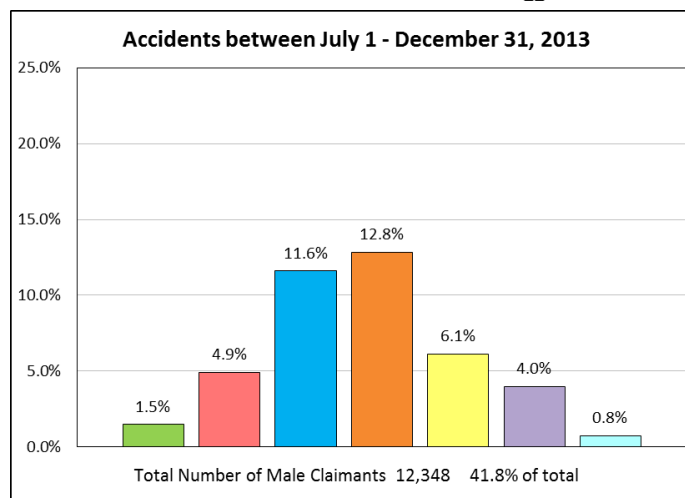
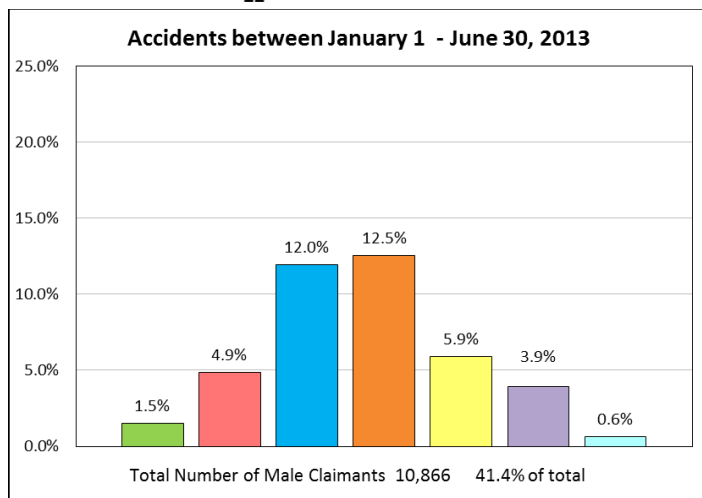
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Percentage of Male Claimants by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



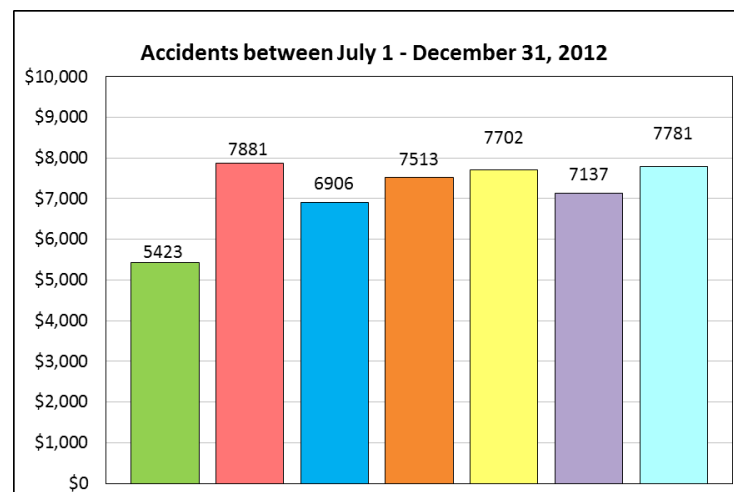
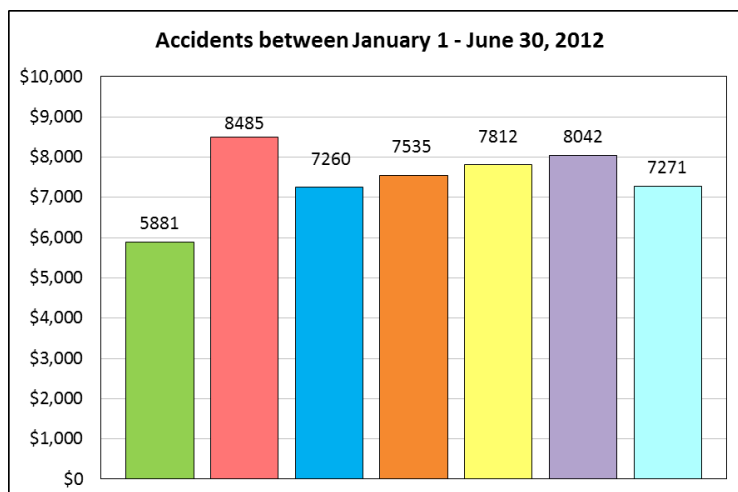
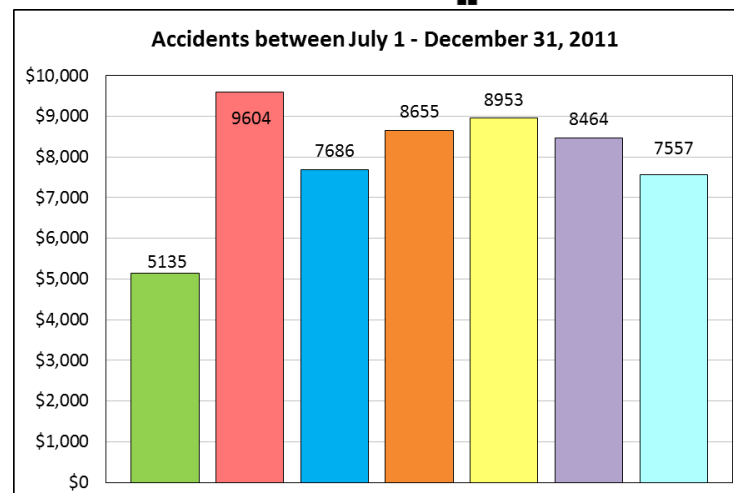
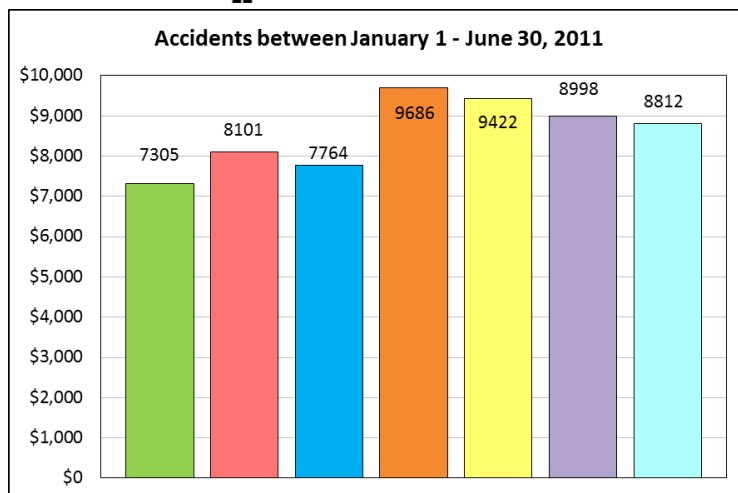
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Male Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



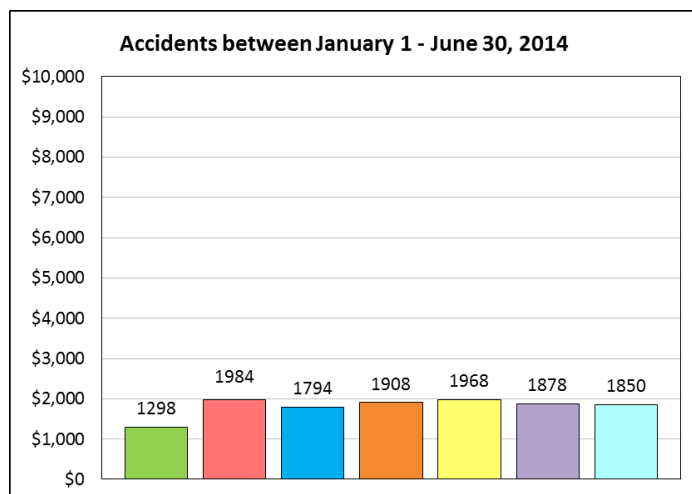
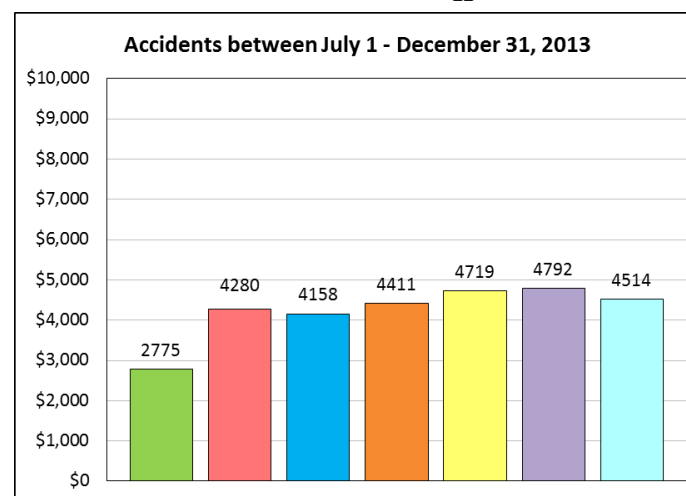
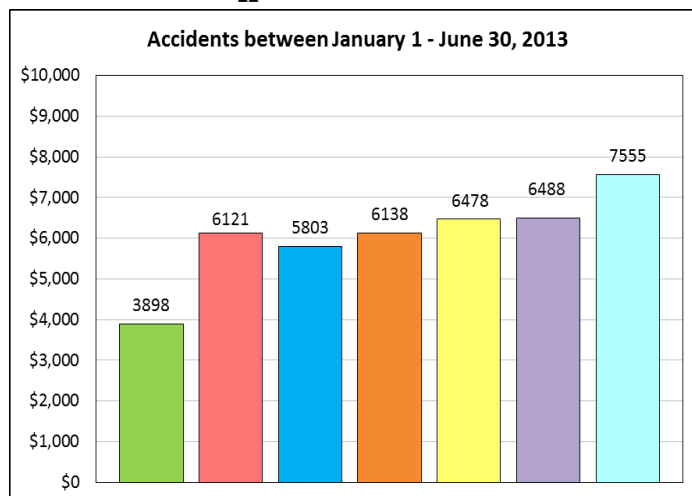
Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



Average Amount Paid per Male Claimant by Age Group

Based on claim transactions between the Accident Date and June 30, 2014



Age of Claimant

0-15 16-24 25-39 40-54 55-64 65-79 80+



By Male Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Male Claimants Age Group	Accident dates January 1 - June 30, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	425	1.5%	3,104,649	1.4%	7,305
16-24	1,688	5.8%	13,674,138	5.9%	8,101
25-39	3,823	13.1%	29,681,748	12.9%	7,764
40-54	3,815	13.1%	36,952,092	16.1%	9,686
55-64	1,609	5.5%	15,160,083	6.6%	9,422
65-79	943	3.2%	8,485,541	3.7%	8,998
80+	187	0.6%	1,647,804	0.7%	8,812
Unknown	33	0.1%	87,908	0.0%	2,664
Male Claimants - Total	12,523	43.1%	108,793,964	47.3%	8,688

Male Claimants Age Group	Accident dates July 1 - December 31, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	501	1.7%	2,572,783	1.1%	5,135
16-24	1,819	6.1%	17,469,951	7.8%	9,604
25-39	3,604	12.0%	27,698,620	12.4%	7,686
40-54	3,911	13.0%	33,848,320	15.1%	8,655
55-64	1,718	5.7%	15,381,789	6.9%	8,953
65-79	1,057	3.5%	8,946,398	4.0%	8,464
80+	194	0.6%	1,466,008	0.7%	7,557
Unknown	28	0.1%	117,850	0.1%	4,209
Male Claimants - Total	12,832	42.8%	107,501,719	48.0%	8,378



By Male Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Male Claimants Age Group	Accident dates January 1 - June 30, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	397	1.5%	2,334,638	1.3%	5,881
16-24	1,301	5.1%	11,039,252	6.3%	8,485
25-39	3,040	11.8%	22,069,899	12.5%	7,260
40-54	3,324	12.9%	25,045,758	14.2%	7,535
55-64	1,579	6.1%	12,335,154	7.0%	7,812
65-79	1,039	4.0%	8,355,294	4.7%	8,042
80+	199	0.8%	1,446,898	0.8%	7,271
Unknown	28	0.1%	110,006	0.1%	3,929
Male Claimants - Total	10,907	42.4%	82,736,899	46.9%	7,586

Male Claimants Age Group	Accident dates July 1 - December 31, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	482	1.7%	2,614,075	1.4%	5,423
16-24	1,547	5.4%	12,191,848	6.5%	7,881
25-39	3,367	11.7%	23,253,032	12.3%	6,906
40-54	3,601	12.5%	27,055,295	14.4%	7,513
55-64	1,647	5.7%	12,684,867	6.7%	7,702
65-79	1,099	3.8%	7,843,467	4.2%	7,137
80+	188	0.7%	1,462,851	0.8%	7,781
Unknown	25	0.1%	95,761	0.1%	3,830
Male Claimants - Total	11,956	41.6%	87,201,196	46.3%	7,294



By Male Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



Male Claimants	Accident dates January 1 - June 30, 2013				
Age Group	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	392	1.5%	1,527,880	1.0%	3,898
16-24	1,279	4.9%	7,828,515	5.4%	6,121
25-39	3,136	12.0%	18,196,708	12.5%	5,803
40-54	3,291	12.5%	20,199,246	13.9%	6,138
55-64	1,542	5.9%	9,988,552	6.9%	6,478
65-79	1,031	3.9%	6,688,931	4.6%	6,488
80+	164	0.6%	1,238,945	0.8%	7,555
Unknown	31	0.1%	79,932	0.1%	2,578
Male Claimants - Total	10,866	41.4%	65,748,709	45.1%	6,051

Male Claimants	Accident dates July 1 - December 31, 2013				
Age Group	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	439	1.5%	1,218,414	1.0%	2,775
16-24	1,451	4.9%	6,209,865	5.3%	4,280
25-39	3,432	11.6%	14,268,955	12.3%	4,158
40-54	3,794	12.8%	16,736,497	14.4%	4,411
55-64	1,813	6.1%	8,556,377	7.4%	4,719
65-79	1,177	4.0%	5,640,398	4.9%	4,792
80+	222	0.8%	1,002,123	0.9%	4,514
Unknown	20	0.1%	35,554	0.0%	1,778
Male Claimants - Total	12,348	41.8%	53,668,184	46.2%	4,346



By Male Claimant Age Group and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014



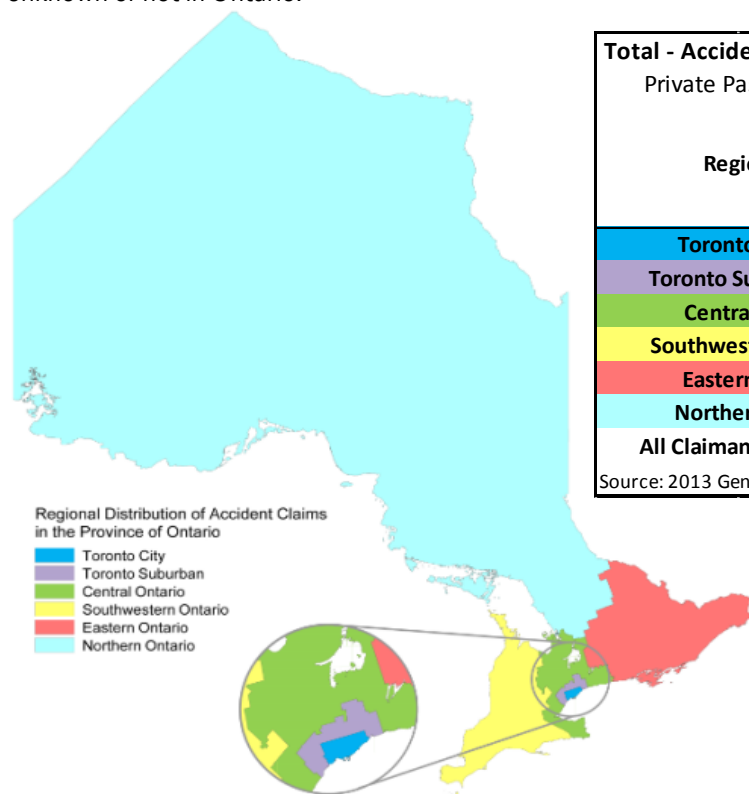
Male Claimants Age Group	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
0-15	135	1.1%	175,217	0.8%	1,298
16-24	550	4.4%	1,091,210	4.9%	1,984
25-39	1,534	12.4%	2,752,193	12.4%	1,794
40-54	1,569	12.7%	2,993,505	13.5%	1,908
55-64	783	6.3%	1,540,795	6.9%	1,968
65-79	469	3.8%	880,589	4.0%	1,878
80+	93	0.8%	172,035	0.8%	1,850
Unknown	12	0.1%	79,932	0.1%	2,578
Male Claimants - Total	5,145	41.5%	9,618,280	43.4%	1,869



HCDB Exhibit Two

Claimants by Region

Regions are not mapped according to Insurer rating territory definitions or according to GISA Statistical Territory definitions. Please refer to the FSA (forward sorting area; the first three characters of a postal code) region definition table. The "Other" region is for claimants whose postal code is unknown or not in Ontario.



Total - Accident Benefits Private Passenger						
January 1, 2013 - December 31, 2013						
Region	Number of Vehicles	Percent of Total Number of Vehicles	Number of Claims	Percent of Total Number of Claims	Claims and Adjustment Expenses Incurred	Percent of total Claims Costs
Toronto City	935,968	13.6%	12,309	18.2%	395,929,325	18.4%
Toronto Suburban	1,188,637	17.2%	18,387	27.2%	533,217,330	24.8%
Central ON	1,616,535	23.4%	14,793	21.9%	480,034,320	22.4%
Southwestern ON	1,454,305	21.1%	11,412	16.9%	382,112,872	17.8%
Eastern ON	1,182,829	17.1%	7,558	11.2%	246,471,168	11.5%
Northern ON	518,804	7.5%	3,083	4.6%	109,057,669	5.1%
All Claimants - Total	6,897,078	100.0%	67,541	100.0%	2,146,822,685	100.0%

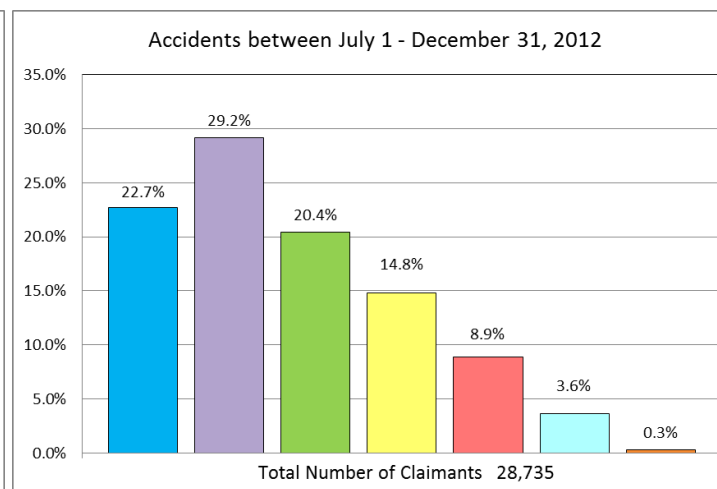
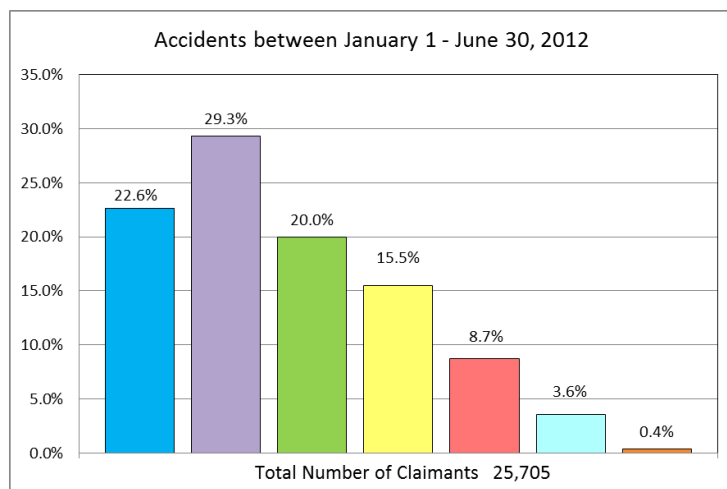
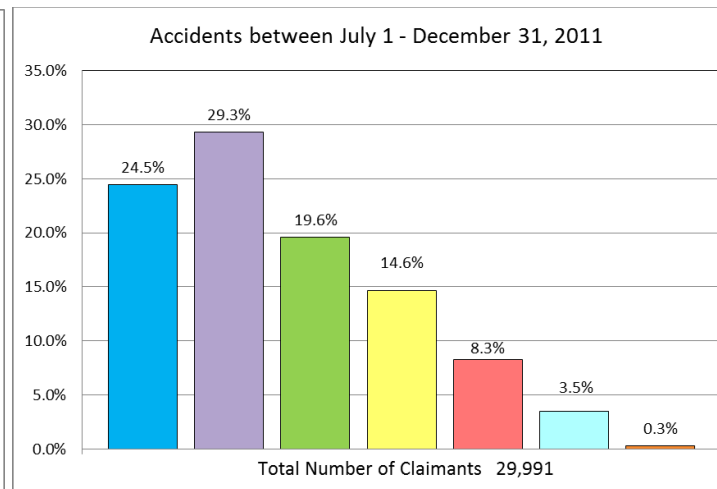
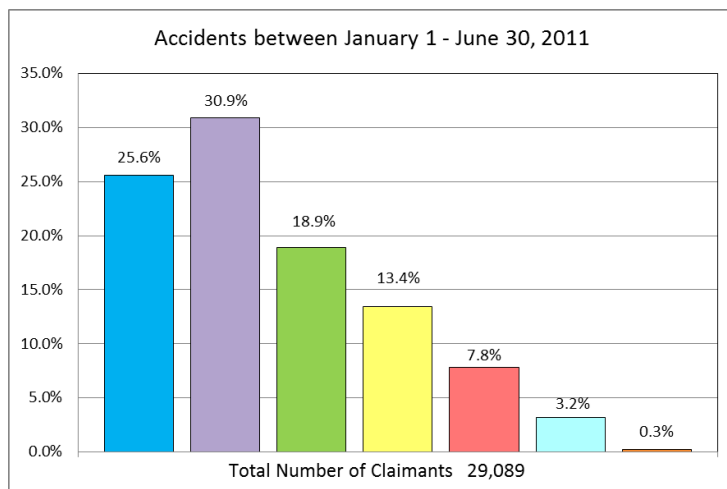
Source: 2013 General Insurance Statistical Agency Exhibits - Ontario data files, Automobile Statistical Plan

The Automobile Statistical Plan (ASP) data amounts are not comparable to the HCDB amounts as other Accident Benefits such as Funeral Benefits, Death Benefits, and Income Replacement benefits are included. The HCDB Number of Claimants is indicative of the total number of individuals injured, and receiving treatment, resulting from the accidents. The ASP Total Number of Claims is indicative of the number of accidents as one claim will have one or more claimants. Additionally, the HCDB amounts are for accidents involving all types of vehicles, while the data amounts seen in the table above are for Private Passenger vehicles only. However, the ASP regional distributions are comparable to the HCDB regional distributions.



Percentage of Claimants by Region

Based on claim transactions between the Accident Date and June 30, 2014



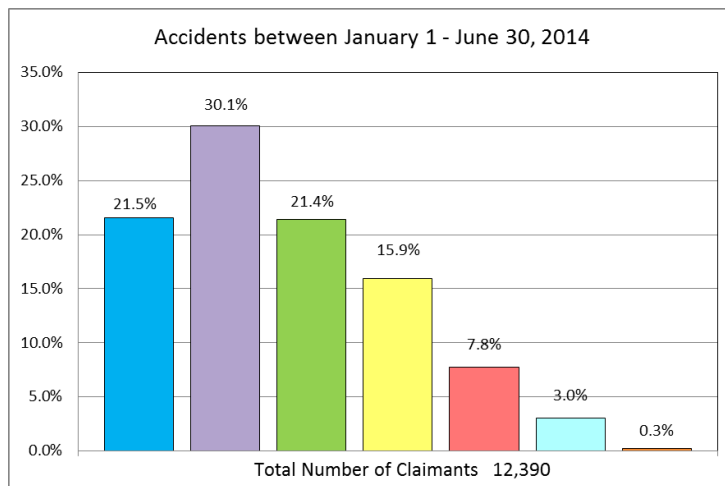
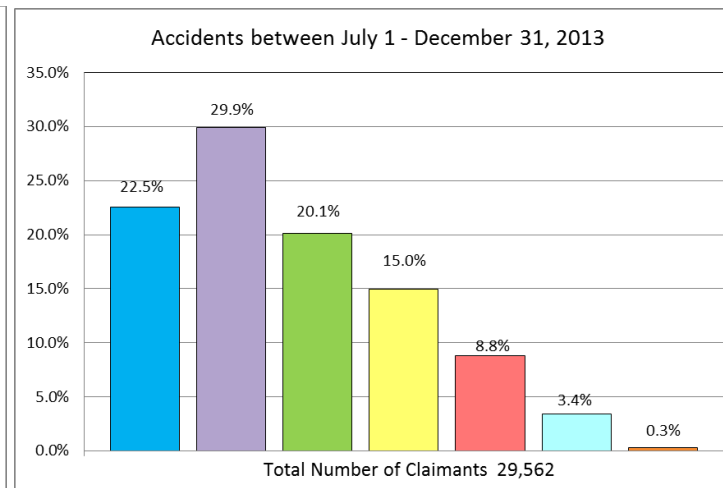
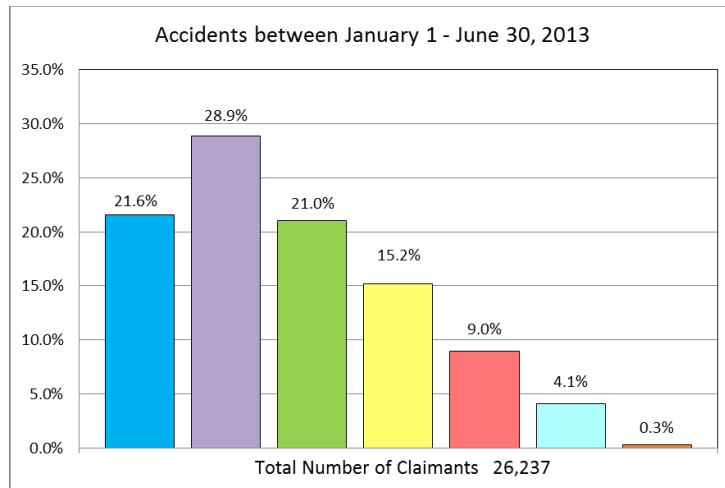
Region

■ Toronto City ■ Toronto Suburban ■ Central ON ■ Southwestern ON ■ Eastern ON ■ Northern ON ■ Other



Percentage of Claimants by Region

Based on claim transactions between the Accident Date and June 30, 2014



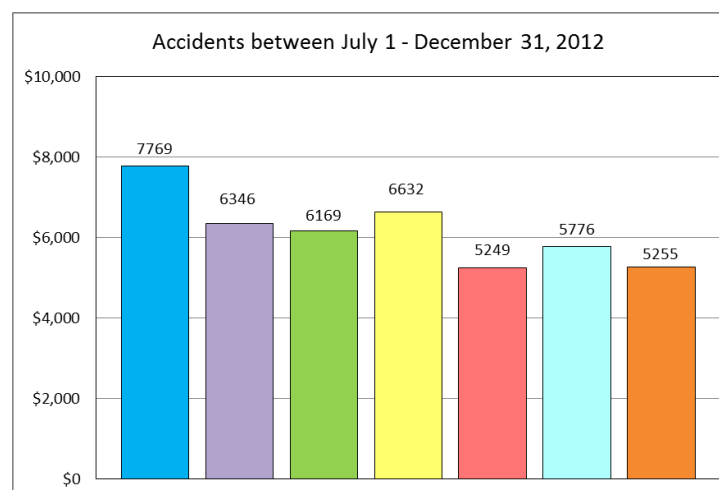
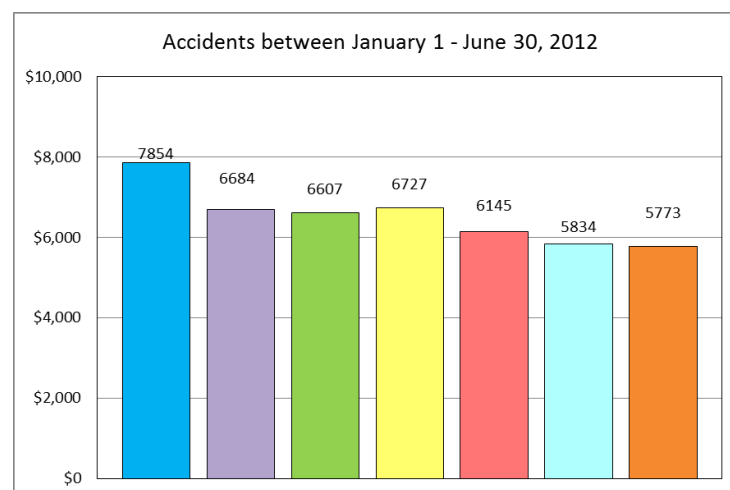
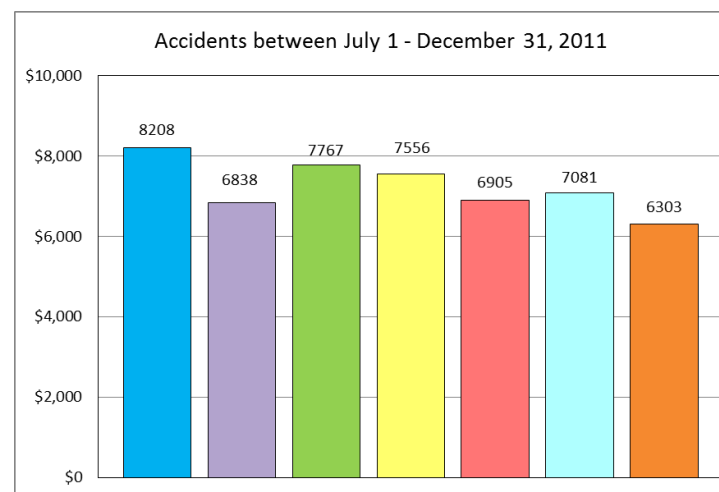
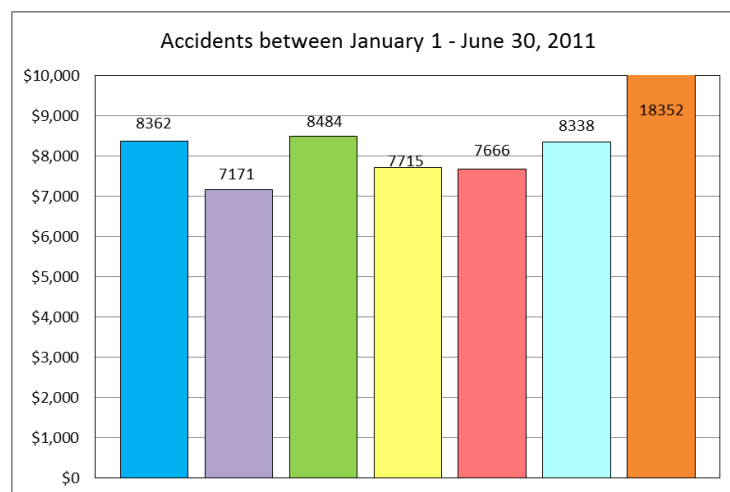
Region

■ Toronto City ■ Toronto Suburban ■ Central ON ■ Southwestern ON ■ Eastern ON ■ Northern ON ■ Other



Average Amount Paid per Claimant by Region

Based on claim transactions between the Accident Date and June 30, 2014



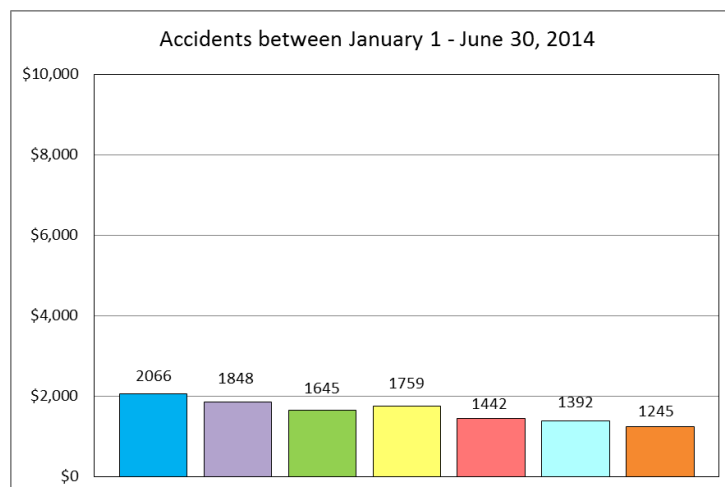
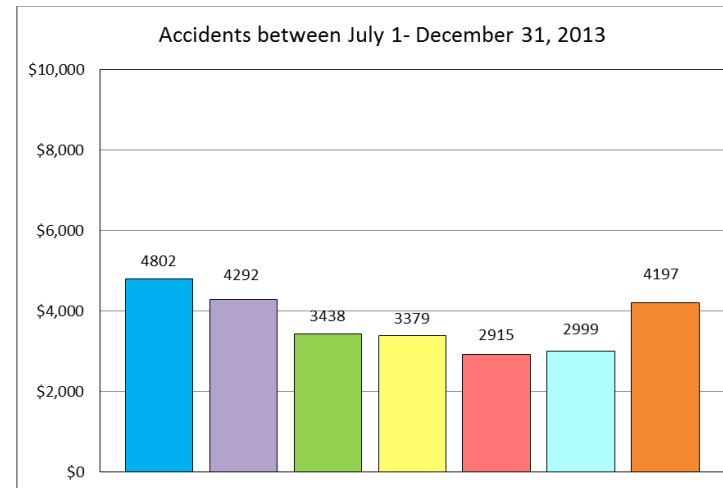
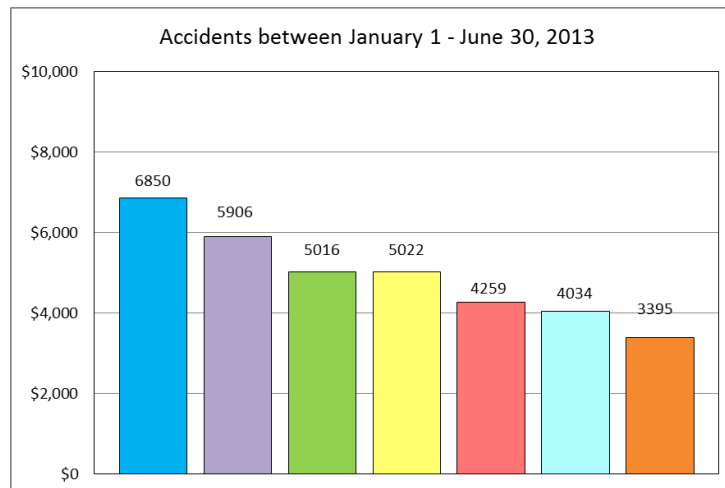
Region

■ Toronto City ■ Toronto Suburban ■ Central ON ■ Southwestern ON ■ Eastern ON ■ Northern ON ■ Other



Average Amount Paid per Claimant by Region

Based on claim transactions between the Accident Date and June 30, 2014



Region

■ Toronto City ■ Toronto Suburban ■ Central ON ■ Southwestern ON ■ Eastern ON ■ Northern ON ■ Other



By Region and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants		Accident dates January 1 - June 30, 2011			
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	7,451	25.6%	62,306,838	27.1%	8,362
Toronto Suburban	8,979	30.9%	64,384,605	28.0%	7,171
Central ON	5,499	18.9%	46,654,013	20.3%	8,484
Southwestern ON	3,896	13.4%	30,056,189	13.1%	7,715
Eastern ON	2,274	7.8%	17,431,679	7.6%	7,666
Northern ON	917	3.2%	7,645,684	3.3%	8,338
Other	73	0.3%	1,339,669	0.6%	18,352
All Claimants - Total	29,089	100.0%	229,818,675	100.0%	7,901

All Claimants		Accident dates July 1 - December 31, 2011			
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	7,342	24.5%	60,261,301	26.9%	8,208
Toronto Suburban	8,799	29.3%	60,168,673	26.8%	6,838
Central ON	5,865	19.6%	45,552,848	20.3%	7,767
Southwestern ON	4,382	14.6%	33,110,904	14.8%	7,556
Eastern ON	2,477	8.3%	17,103,522	7.6%	6,905
Northern ON	1,042	3.5%	7,378,009	3.3%	7,081
Other	84	0.3%	529,493	0.2%	6,303
All Claimants - Total	29,991	100.0%	224,104,750	100.0%	7,472



By Region and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants		Accident dates January 1 - June 30, 2012			
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	5,810	22.6%	45,628,963	25.9%	7,854
Toronto Suburban	7,528	29.3%	50,314,589	28.5%	6,684
Central ON	5,133	20.0%	33,913,085	19.2%	6,607
Southwestern ON	3,973	15.5%	26,724,432	15.2%	6,727
Eastern ON	2,241	8.7%	13,771,342	7.8%	6,145
Northern ON	919	3.6%	5,361,739	3.0%	5,834
Other	101	0.4%	583,083	0.3%	5,773
All Claimants - Total	25,705	100.0%	176,297,232	100.0%	6,858

All Claimants		Accident dates July 1 - December 31, 2012			
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	6,532	22.7%	50,746,575	26.9%	7,769
Toronto Suburban	8,377	29.2%	53,163,984	28.2%	6,346
Central ON	5,875	20.4%	36,241,353	19.2%	6,169
Southwestern ON	4,257	14.8%	28,231,379	15.0%	6,632
Eastern ON	2,557	8.9%	13,422,543	7.1%	5,249
Northern ON	1,042	3.6%	6,018,994	3.2%	5,776
Other	95	0.3%	499,203	0.3%	5,255
All Claimants - Total	28,735	100.0%	188,324,030	100.0%	6,554



By Region and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2013				
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	5,665	21.6%	38,806,679	26.6%	6,850
Toronto Suburban	7,573	28.9%	44,727,893	30.7%	5,906
Central ON	5,512	21.0%	27,649,550	19.0%	5,016
Southwestern ON	3,988	15.2%	20,027,396	13.7%	5,022
Eastern ON	2,353	9.0%	10,020,824	6.9%	4,259
Northern ON	1,066	4.1%	4,300,050	2.9%	4,034
Other	80	0.3%	271,592	0.2%	3,395
All Claimants - Total	26,237	100.0%	145,803,984	100.0%	5,557

All Claimants	Accident dates July 1 - December 31, 2013				
Region	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	6,662	22.5%	31,991,995	27.5%	4,802
Toronto Suburban	8,850	29.9%	37,985,213	32.7%	4,292
Central ON	5,936	20.1%	20,405,166	17.5%	3,438
Southwestern ON	4,428	15.0%	14,963,273	12.9%	3,379
Eastern ON	2,591	8.8%	7,552,980	6.5%	2,915
Northern ON	1,009	3.4%	3,026,014	2.6%	2,999
Other	86	0.3%	360,933	0.3%	4,197
All Claimants - Total	29,562	100.0%	116,285,573	100.0%	3,934



By Region and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Region	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Toronto City	2,670	21.5%	5,516,090	24.9%	2,066
Toronto Suburban	3,724	30.1%	6,881,933	31.0%	1,848
Central ON	2,655	21.4%	4,367,579	19.7%	1,645
Southwestern ON	1,971	15.9%	3,466,459	15.6%	1,759
Eastern ON	963	7.8%	1,388,722	6.3%	1,442
Northern ON	376	3.0%	523,569	2.4%	1,392
Other	31	0.3%	38,581	0.2%	1,245
All Claimants - Total	12,390	100.0%	22,182,934	100.0%	1,790



HCDB Exhibit Three

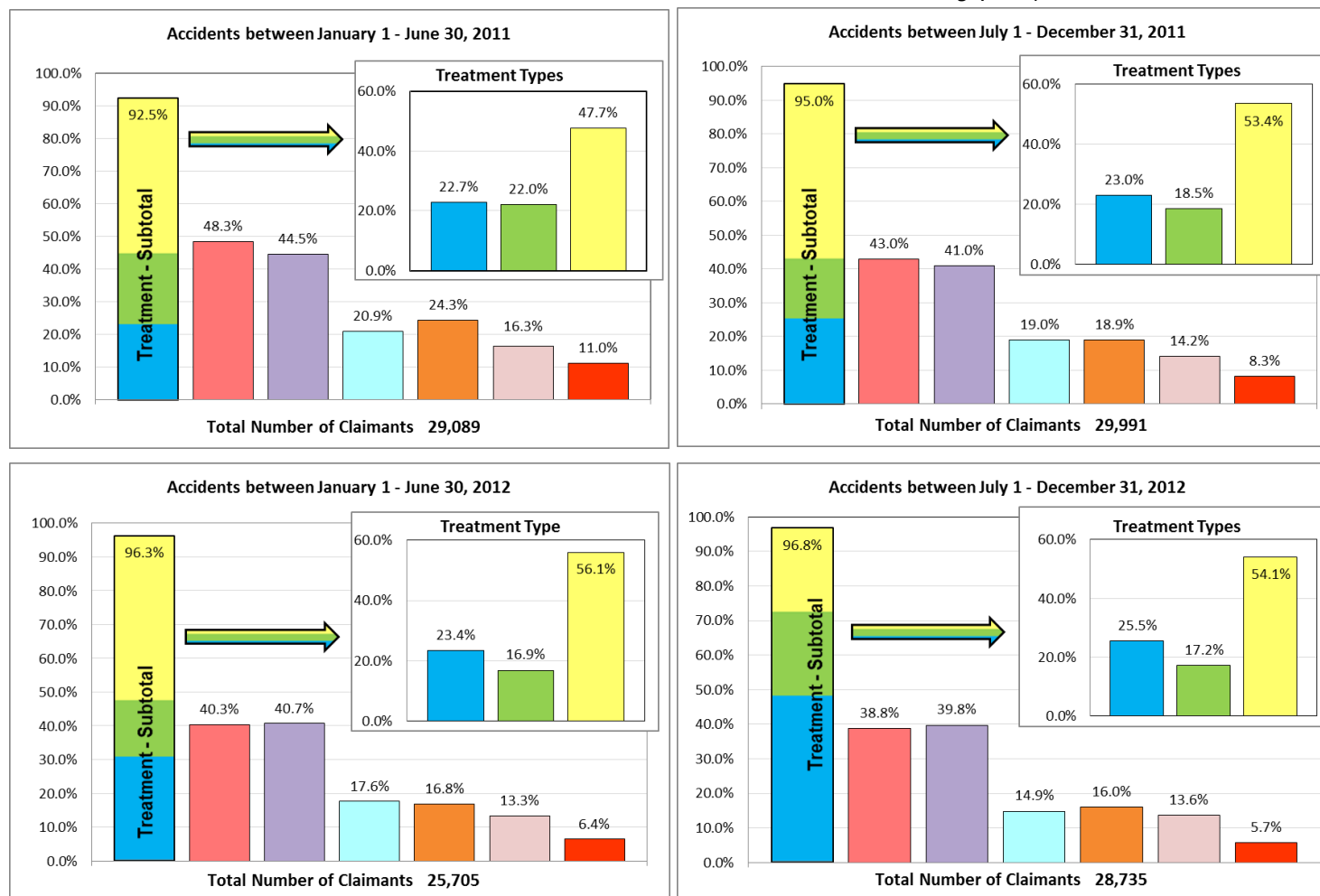
Claimants by Medical and Rehabilitation Expense Class

“MIG” refers to the Minor Injury Guideline, a treatment program for minor injuries detailed in the Superintendent’s *Minor Injury Guideline*. Claimants are treated in the MIG when their injuries are consistent with the definition of minor injury in the Statutory Accident Benefits Schedule.



Percentage of Claimants by Medical and Rehabilitation Expense Class

Based on claim transactions between the Accident Date and June 30, 2014



■ Treatment - Subtotal (MIG only & non MIG only & MIG and non MIG)

■ Treatment - MIG only

■ Treatment - non MIG only

■ Treatment - MIG and non MIG

■ Insurer initiated exam

■ Provider initiated exam

■ Goods and supplies

■ Missed/Cancelled appointment

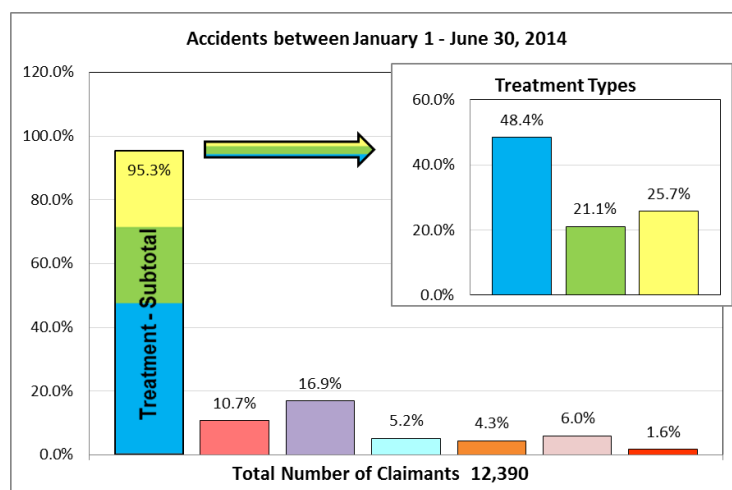
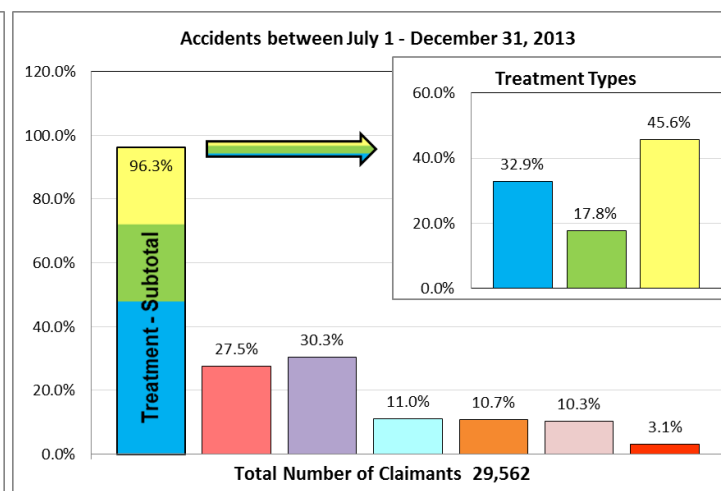
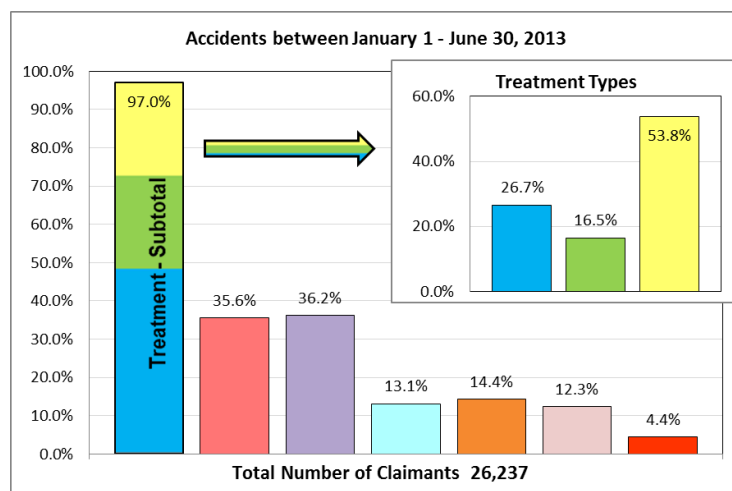
■ Transportation

■ Others



Percentage of Claimants by Medical and Rehabilitation Expense Class

Based on claim transactions between the Accident Date and June 30, 2014



■ Treatment - Subtotal (MIG only & non MIG only & MIG and non MIG)

■ Treatment - MIG only

■ Treatment - non MIG only

■ Treatment - MIG and non MIG

■ Insurer initiated exam

■ Provider initiated exam

■ Goods and supplies

■ Missed/Cancelled appointment

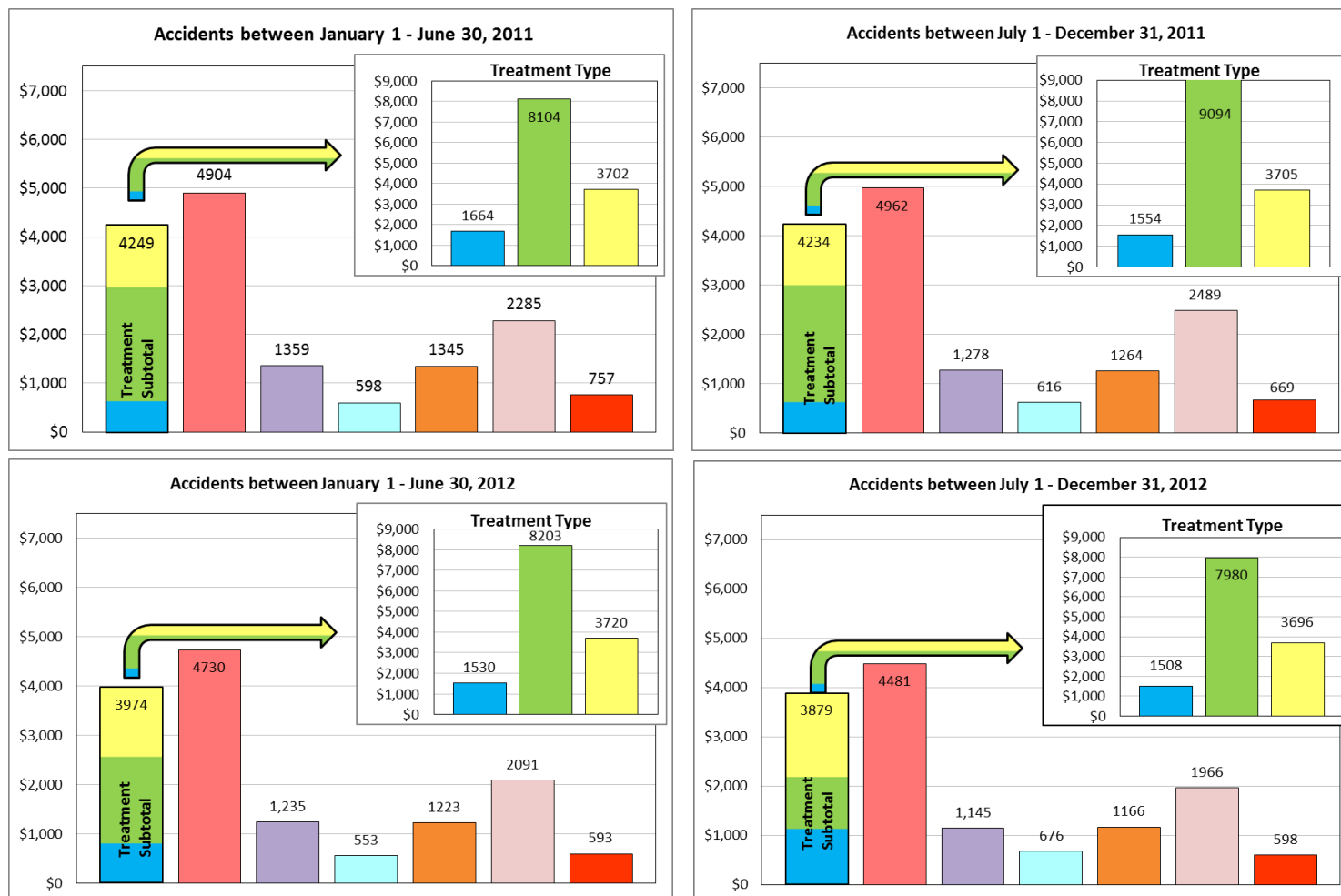
■ Transportation

■ Others



Average Amount Paid per Claimant by Medical and Rehabilitation Expense Class

Based on claim transactions between the Accident Date and June 30, 2014



■ Treatment - Subtotal (MIG only & non MIG only & MIG and non MIG)

■ Treatment - MIG only

■ Treatment - non MIG only

■ Treatment - MIG and non MIG

■ Insurer initiated exam

■ Provider initiated exam

■ Goods and supplies

■ Missed/Cancelled appointment

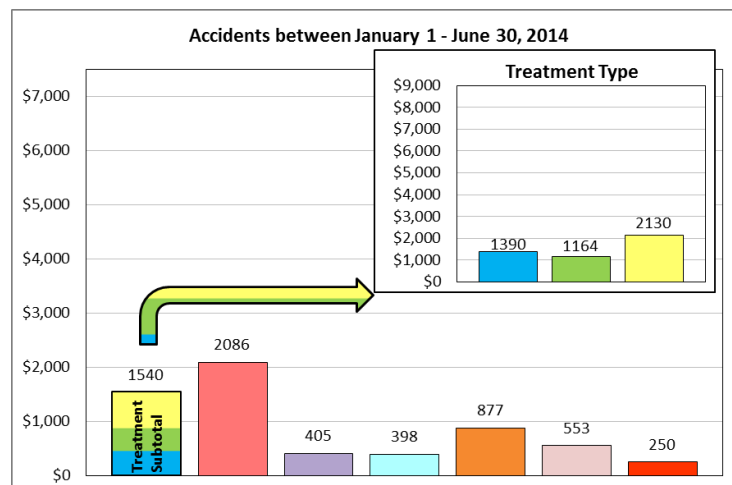
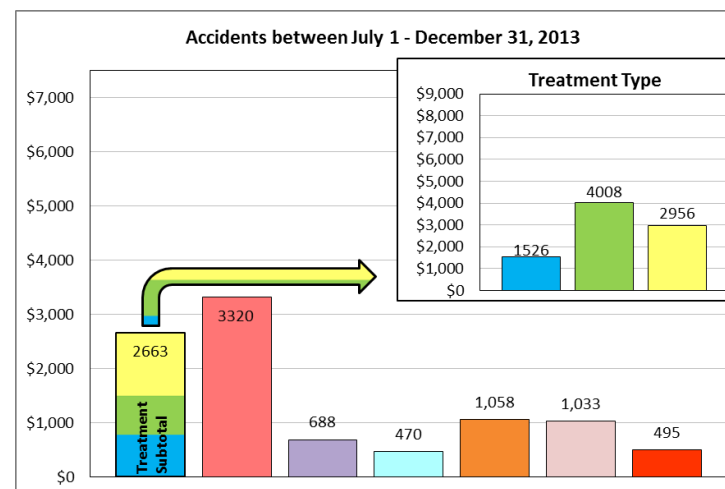
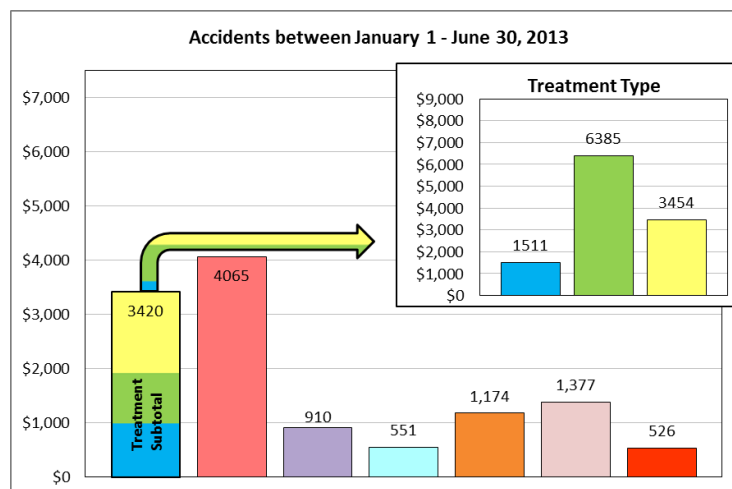
■ Transportation

■ Others



Average Amount Paid per Claimant by Medical and Rehabilitation Expense Class

Based on claim transactions between the Accident Date and June 30, 2014



■ Treatment - Subtotal (MIG only & non MIG only & MIG and non MIG)

■ Treatment - MIG only

■ Treatment - non MIG only

■ Treatment - MIG and non MIG

■ Insurer initiated exam

■ Provider initiated exam

■ Goods and supplies

■ Missed/Cancelled appointment

■ Transportation

■ Others



By Medical and Rehabilitation Expense Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Med / Rehab Expense Class	Accident dates January 1 - June 30, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	26,897	92.5%	114,297,654	49.7%	4,249
Treatment - MIG only	6,615	22.7%	11,005,601	4.8%	1,664
Treatment - non MIG only	6,407	22.0%	51,921,411	22.6%	8,104
Treatment - MIG and non MIG	13,875	47.7%	51,370,643	22.4%	3,702
Insurer initiated exam	14,055	48.3%	68,929,742	30.0%	4,904
Provider initiated exam	12,944	44.5%	17,585,792	7.7%	1,359
Goods and supplies	6,085	20.9%	3,637,597	1.6%	598
Missed/Canceled appointment	7,061	24.3%	9,498,070	4.1%	1,345
Transportation	4,734	16.3%	10,818,632	4.7%	2,285
Others	3,212	11.0%	2,431,613	1.1%	757
Unallocated Amount	0	0.0%	2,619,574	1.1%	0
Total - All Expense Classes	29,089		229,818,675	100.0%	7,901

All Claimants Med / Rehab Expense Class	Accident dates July 1 - December 31, 2011				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	28,478	95.0%	120,577,599	53.8%	4,234
Treatment - MIG only	6,901	23.0%	10,725,842	4.8%	1,554
Treatment - non MIG only	5,550	18.5%	50,472,527	22.5%	9,094
Treatment - MIG and non MIG	16,027	53.4%	59,379,231	26.5%	3,705
Insurer initiated exam	12,902	43.0%	64,020,382	28.6%	4,962
Provider initiated exam	12,292	41.0%	15,706,583	7.0%	1,278
Goods and supplies	5,694	19.0%	3,508,714	1.6%	616
Missed/Canceled appointment	5,669	18.9%	7,164,206	3.2%	1,264
Transportation	4,262	14.2%	10,606,501	4.7%	2,489
Others	2,484	8.3%	1,661,733	0.7%	669
Unallocated Amount	0	0.0%	859,031	0.4%	0
Total - All Expense Classes	29,991		224,104,750	100.0%	7,472



By Medical and Rehabilitation Expense Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Med / Rehab Expense Class	Accident dates January 1 - June 30, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	24,758	96.3%	98,384,817	55.8%	3,974
Treatment - MIG only	6,011	23.4%	9,193,855	5.2%	1,530
Treatment - non MIG only	4,338	16.9%	35,585,153	20.2%	8,203
Treatment - MIG and non MIG	14,409	56.1%	53,605,808	30.4%	3,720
Insurer initiated exam	10,370	40.3%	49,055,208	27.8%	4,730
Provider initiated exam	10,456	40.7%	12,915,139	7.3%	1,235
Goods and supplies	4,525	17.6%	2,502,588	1.4%	553
Missed/Canceled appointment	4,316	16.8%	5,276,519	3.0%	1,223
Transportation	3,431	13.3%	7,174,220	4.1%	2,091
Others	1,644	6.4%	975,671	0.6%	593
Unallocated Amount	0	0.0%	13,070	0.0%	0
Total - All Expense Classes	25,705		176,297,232	100.0%	6,858

All Claimants Med / Rehab Expense Class	Accident dates July 1 - December 31, 2012				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	27,819	96.8%	107,909,152	57.3%	3,879
Treatment - MIG only	7,335	25.5%	11,063,532	5.9%	1,508
Treatment - non MIG only	4,936	17.2%	39,387,160	20.9%	7,980
Treatment - MIG and non MIG	15,548	54.1%	57,458,460	30.5%	3,696
Insurer initiated exam	11,159	38.8%	50,005,225	26.6%	4,481
Provider initiated exam	11,428	39.8%	13,090,449	7.0%	1,145
Goods and supplies	4,269	14.9%	2,884,252	1.5%	676
Missed/Canceled appointment	4,587	16.0%	5,346,192	2.8%	1,166
Transportation	3,910	13.6%	7,686,938	4.1%	1,966
Others	1,634	5.7%	977,736	0.5%	598
Unallocated Amount	0	0.0%	424,087	0.2%	0
Total - All Expense Classes	28,735		188,324,030	100.0%	6,554



By Medical and Rehabilitation Expense Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Med / Rehab Expense Class	Accident dates January 1 - June 30, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	25,452	97.0%	87,046,803	59.7%	3,420
Treatment - MIG only	6,993	26.7%	10,568,196	7.2%	1,511
Treatment - non MIG only	4,340	16.5%	27,710,372	19.0%	6,385
Treatment - MIG and non MIG	14,119	53.8%	48,768,235	33.4%	3,454
Insurer initiated exam	9,343	35.6%	37,978,661	26.0%	4,065
Provider initiated exam	9,490	36.2%	8,632,160	5.9%	910
Goods and supplies	3,440	13.1%	1,894,463	1.3%	551
Missed/Canceled appointment	3,772	14.4%	4,426,546	3.0%	1,174
Transportation	3,231	12.3%	4,450,488	3.1%	1,377
Others	1,157	4.4%	608,968	0.4%	526
Unallocated Amount	0	0.0%	765,895	0.5%	0
Total - All Expense Classes	26,237		145,803,984	100.0%	5,557

All Claimants Med / Rehab Expense Class	Accident dates July 1 - December 31, 2013				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	28,470	96.3%	75,806,103	65.2%	2,663
Treatment - MIG only	9,716	32.9%	14,829,894	12.8%	1,526
Treatment - non MIG only	5,267	17.8%	21,108,020	18.2%	4,008
Treatment - MIG and non MIG	13,487	45.6%	39,868,189	34.3%	2,956
Insurer initiated exam	8,122	27.5%	26,966,557	23.2%	3,320
Provider initiated exam	8,959	30.3%	6,164,611	5.3%	688
Goods and supplies	3,247	11.0%	1,524,798	1.3%	470
Missed/Canceled appointment	3,174	10.7%	3,357,908	2.9%	1,058
Transportation	3,046	10.3%	3,145,187	2.7%	1,033
Others	914	3.1%	452,773	0.4%	495
Unallocated Amount	0	0.0%	-1,132,364	-1.0%	0
Total - All Expense Classes	29,562		116,285,573	100.0%	3,934



By Medical and Rehabilitation Expense Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Med / Rehab Expense Class	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
<i>Treatment - Subtotal</i>	11,803	95.3%	18,174,758	81.9%	1,540
Treatment - MIG only	5,999	48.4%	8,336,761	37.6%	1,390
Treatment - non MIG only	2,615	21.1%	3,044,664	13.7%	1,164
Treatment - MIG and non MIG	3,189	25.7%	6,793,333	30.6%	2,130
Insurer initiated exam	1,330	10.7%	2,774,608	12.5%	2,086
Provider initiated exam	2,091	16.9%	845,979	3.8%	405
Goods and supplies	649	5.2%	258,429	1.2%	398
Missed/Canceled appointment	534	4.3%	468,342	2.1%	877
Transportation	745	6.0%	411,650	1.9%	553
Others	203	1.6%	50,732	0.2%	250
Unallocated Amount	0	0.0%	-801,563	-3.6%	0
Total - All Expense Classes	12,390	100.0%	22,182,934	100.0%	1,790



HCDB Exhibit Four

Claimants by Reported Injury Grouping

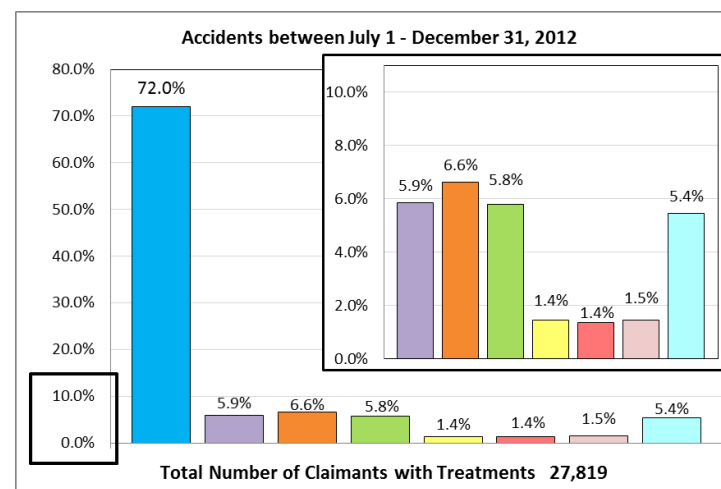
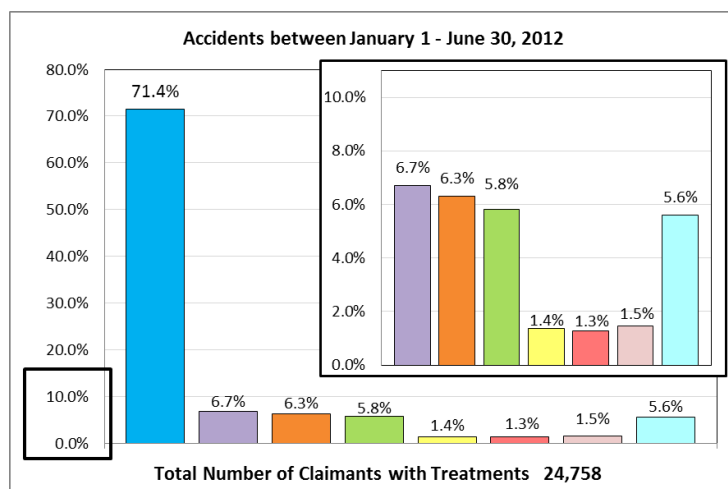
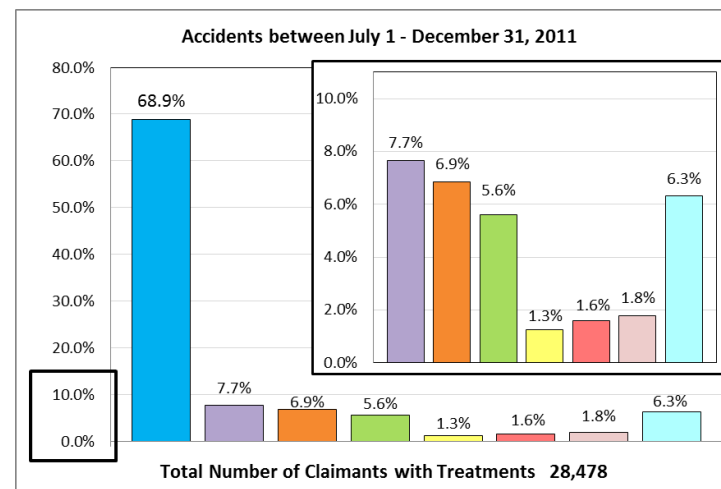
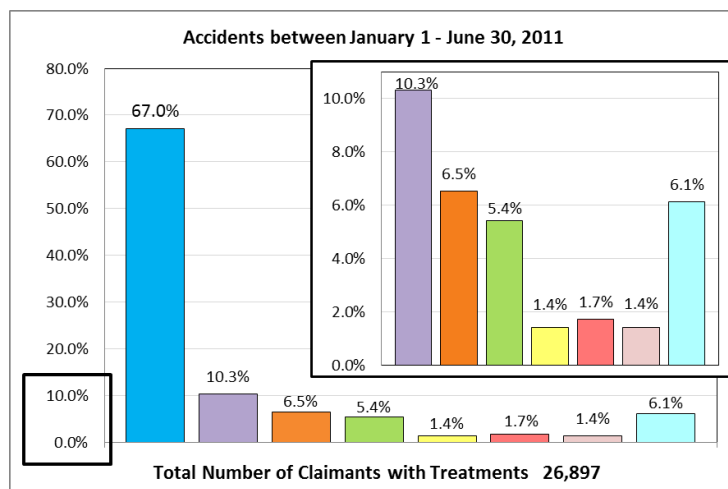
The Reported Injury Grouping (RIG) classification system categorizes claimants based on several factors of the injury; including the type of injury, tissues involved, injury management and resource utilization. This classification is mutually exclusive, as the claimant falls into the group with the highest reported injury code. The RIG's were developed for the purpose of this exhibit and do not reflect the definitions in the Statutory Accident Benefits Schedule.

RIG Classification System		
RIG Class	Definition	Description
A	Strains and/or Sprains	Muscle strains; and/or Joint/ligament sprains; and/or WAD I/WAD II Excludes muscle/ligament laceration and/or rupture (RIG C)
B	Injury with Peripheral Nerve Involvement	Peripheral nerve injury; and/or Spinal nerve root injury; and/or Injury impacting peripheral nerves; and/or WAD III; and/or Intervertebral disc injury Excludes peripheral nerve laceration (RIG C), spinal nerve root laceration (RIG D2) and cranial nerve injury (RIG D1)
C	Fractures, Dislocations and/or Extensive Soft Tissue Injury	Bone fracture; and/or Joint dislocation; and/or Muscle/tendon laceration ; and/or Ligament rupture; and/or Peripheral nerve/nerve plexus laceration; and/or Skin avulsion Excludes cranial nerve injury (RIG D1), spinal fracture and/or dislocation (RIG D2) and spinal nerve root laceration (RIG D2)
D1	Acquired Brain Injury and/or Cranial Nerve Damage	Intracranial injury (including concussion); and/or Cranial nerve injury; and/or Cranial blood vessel injury
D2	Spinal Injury and/or Spinal Cord Injury	Spinal fracture; and/or spinal dislocation; and/or spinal cord injury; and/or nerve root laceration
D3	Internal and/or Extensive Injuries	Injury to internal organs; and/or Crush injuries; and/or Traumatic amputations; and/or Burns; and/or Corrosive injuries
E	Multiple Major Injury	Multiple injuries consisting of more than one injury from at least two of RIGs D1 and/or D2 and/or D3; i.e. D1+D2 or D2+D3 or D1+D3 or D1+D2+D3 E.g., Concussion + Fracture of C5-C7 vertebrae; or Fracture of C5-C7 vertebrae + Laceration and puncture of lung; or Concussion + Laceration and puncture of lung; or Concussion + Fracture of C5-C7 vertebrae + Laceration and puncture of lung. Does not apply to multiple injuries from any one RIG
F	Other	Diseases, condition and/or symptoms not specified or unspecified



Percentage of Claimants having Treatments by Reported Injury Grouping

Based on claim transactions between the Accident Date and June 30, 2014



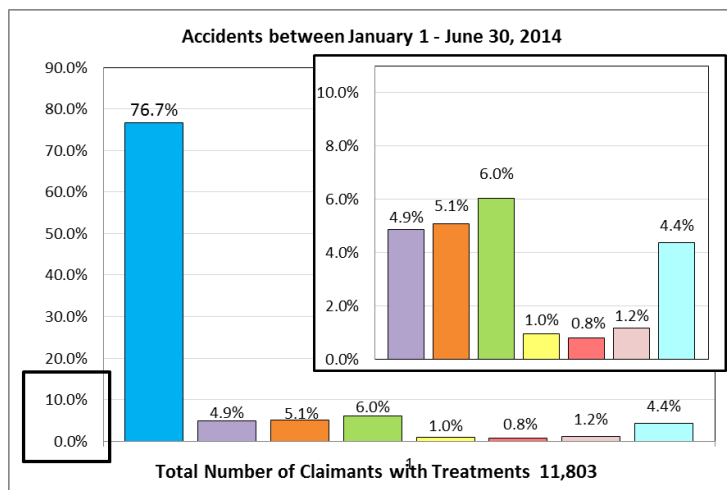
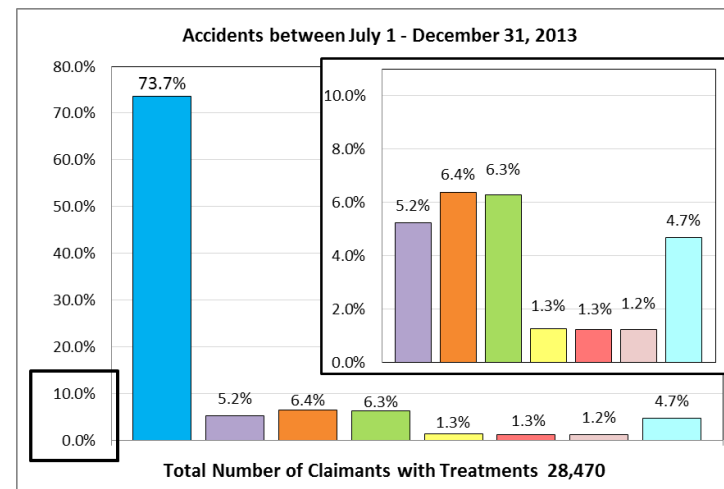
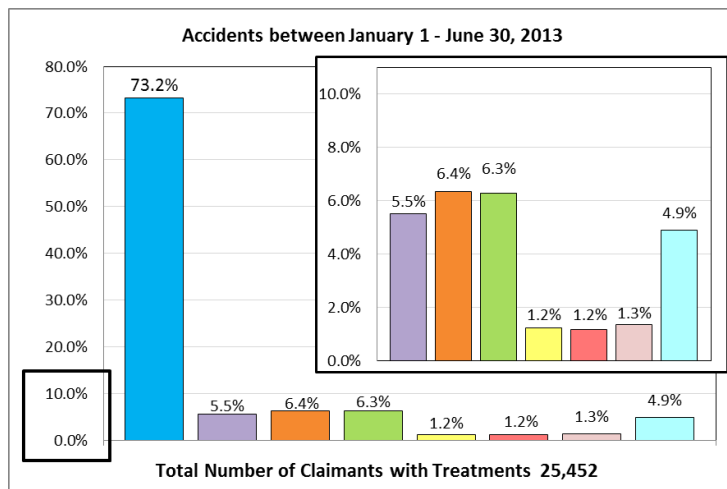
RIG Class * Please refer to the first page of HCDB Report Four for the definitions of the RIG classes

■ A.
 ■ B.
 ■ C.
 ■ D1.
 ■ D2.
 ■ D3.
 ■ E.
 ■ F.



Percentage of Claimants having Treatments by Reported Injury Grouping

Based on claim transactions between the Accident Date and June 30, 2014



RIG Class * Please refer to the first page of HCDB Report Four for the definitions of the RIG classes

■ A.
 ■ B.
 ■ C.
 ■ D1.
 ■ D2.
 ■ D3.
 ■ E.
 ■ F.



Average Amount Paid per Claimant having Treatments by Reported Injury Grouping

Based on claim transactions between the Accident Date and June 30, 2014



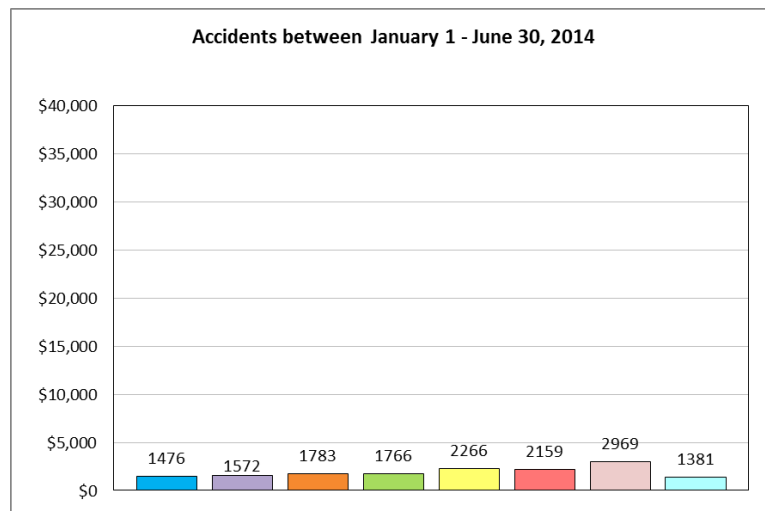
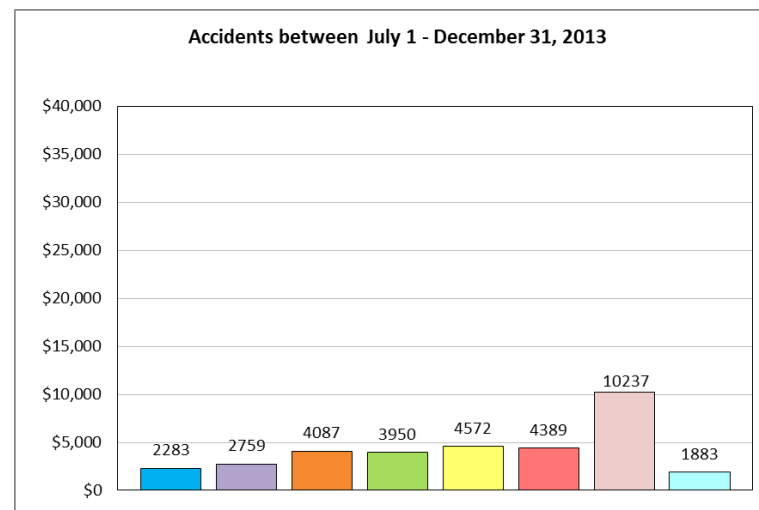
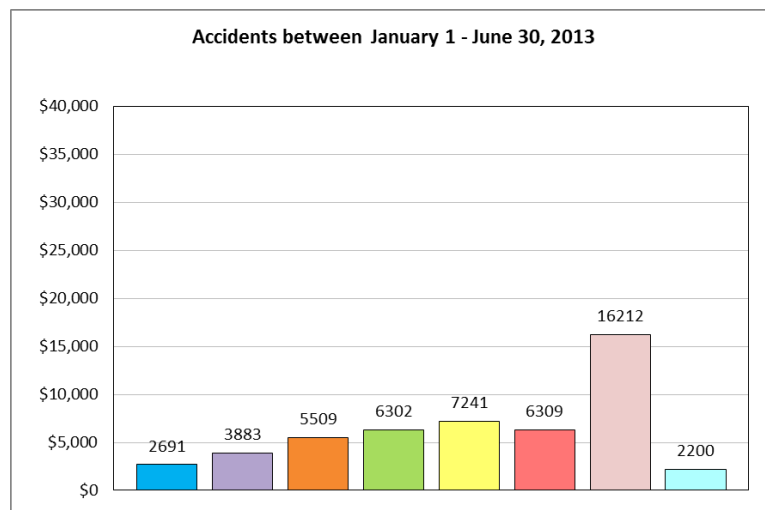
RIG Class * Please refer to the first page of HCDB Report Four for the definitions of the RIG classes

■ A. ■ B. ■ C. ■ D1. ■ D2. ■ D3. ■ E. ■ F.



Average Amount Paid per Claimant having Treatments by Reported Injury Grouping

Based on claim transactions between the Accident Date and June 30, 2014



RIG Class * Please refer to the first page of HCDB Report Four for the definitions of the RIG classes

A. B. C. D1. D2. D3. E. F.



Treatments by Reported Injury Grouping and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2011				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	18,029	67.0%	49,250,048	43.1%	2,732
B. PNI	2,773	10.3%	10,834,469	9.5%	3,907
C. Fract/Disloc/Ext STI	1,755	6.5%	11,040,522	9.7%	6,291
D1. ABI/CNI	1,459	5.4%	16,723,011	14.6%	11,462
D2. Spinal Inj/SCI	385	1.4%	2,907,526	2.5%	7,552
D3. Ext/Int Inj	464	1.7%	3,295,837	2.9%	7,103
E. Multi Mj Inju	380	1.4%	16,584,810	14.5%	43,644
F. Other	1,652	6.1%	3,661,432	3.2%	2,216
Treatment - Subtotal	26,897	100.0%	114,297,654	100.0%	4,249

All Claimants	Accident dates July 1 - December 31, 2011				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	19,622	68.9%	54,231,733	45.0%	2,764
B. PNI	2,184	7.7%	8,920,055	7.4%	4,084
C. Fract/Disloc/Ext STI	1,952	6.9%	12,555,227	10.4%	6,432
D1. ABI/CNI	1,595	5.6%	16,055,693	13.3%	10,066
D2. Spinal Inj/SCI	359	1.3%	2,835,902	2.4%	7,899
D3. Ext/Int Inj	455	1.6%	3,582,629	3.0%	7,874
E. Multi Mj Inju	511	1.8%	18,335,445	15.2%	35,881
F. Other	1,800	6.3%	4,060,916	3.4%	2,256
Treatment - Subtotal	28,478	100.0%	120,577,599	100.0%	4,234



Treatments by Reported Injury Grouping and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2012				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	17,689	71.4%	49,592,357	50.4%	2,804
B. PNI	1,662	6.7%	6,930,794	7.0%	4,170
C. Fract/Disloc/Ext STI	1,563	6.3%	10,156,921	10.3%	6,498
D1. ABI/CNI	1,442	5.8%	12,953,918	13.2%	8,983
D2. Spinal Inj/SCI	336	1.4%	2,428,869	2.5%	7,229
D3. Ext/Int Inj	317	1.3%	2,440,823	2.5%	7,700
E. Multi Mj Inju	361	1.5%	10,706,283	10.9%	29,657
F. Other	1,388	5.6%	3,174,851	3.2%	2,287
Treatment - Subtotal	24,758	100.0%	98,384,817	100.0%	3,974

All Claimants	Accident dates July 1 - December 31, 2012				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	20,033	72.0%	55,815,185	51.7%	2,786
B. PNI	1,629	5.9%	6,840,022	6.3%	4,199
C. Fract/Disloc/Ext STI	1,845	6.6%	11,741,108	10.9%	6,364
D1. ABI/CNI	1,614	5.8%	12,713,151	11.8%	7,877
D2. Spinal Inj/SCI	400	1.4%	3,252,526	3.0%	8,131
D3. Ext/Int Inj	379	1.4%	2,751,407	2.5%	7,260
E. Multi Mj Inju	404	1.5%	11,312,507	10.5%	28,001
F. Other	1,515	5.4%	3,483,247	3.2%	2,299
Treatment - Subtotal	27,819	100.0%	107,909,152	100.0%	3,879



Treatments by Reported Injury Grouping and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2013				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	18,628	73.2%	50,137,244	57.6%	2,691
B. PNI	1,406	5.5%	5,459,217	6.3%	3,883
C. Fract/Disloc/Ext STI	1,618	6.4%	8,913,431	10.2%	5,509
D1. ABI/CNI	1,597	6.3%	10,064,914	11.6%	6,302
D2. Spinal Inj/SCI	313	1.2%	2,266,353	2.6%	7,241
D3. Ext/Int Inj	302	1.2%	1,905,342	2.2%	6,309
E. Multi Mj Inju	343	1.3%	5,560,835	6.4%	16,212
F. Other	1,245	4.9%	2,739,466	3.1%	2,200
Treatment - Subtotal	25,452	100.0%	87,046,803	100.0%	3,420

All Claimants	Accident dates July 1 - December 31, 2013				
Reported Injury Grouping	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	20,969	73.7%	47,865,295	63.1%	2,283
B. PNI	1,489	5.2%	4,108,867	5.4%	2,759
C. Fract/Disloc/Ext STI	1,816	6.4%	7,421,125	9.8%	4,087
D1. ABI/CNI	1,792	6.3%	7,078,210	9.3%	3,950
D2. Spinal Inj/SCI	365	1.3%	1,668,880	2.2%	4,572
D3. Ext/Int Inj	356	1.3%	1,562,642	2.1%	4,389
E. Multi Mj Inju	351	1.2%	3,593,226	4.7%	10,237
F. Other	1,332	4.7%	2,507,858	3.3%	1,883
Treatment - Subtotal	28,470	100.0%	75,806,103	100.0%	2,663



Treatments by Reported Injury Grouping and Accident Date
Based on claim transactions between the Accident Date and June 30, 2014

All Claimants Reported Injury Grouping	Accident dates January 1 - June 30, 2014				
	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
A. Sprain/Strains only	9,052	76.7%	13,356,375	73.5%	1,476
B. PNI	574	4.9%	902,390	5.0%	1,572
C. Fract/Disloc/Ext STI	601	5.1%	1,071,407	5.9%	1,783
D1. ABI/CNI	713	6.0%	1,258,833	6.9%	1,766
D2. Spinal Inj/SCI	114	1.0%	258,343	1.4%	2,266
D3. Ext/Int Inj	95	0.8%	205,116	1.1%	2,159
E. Multi Mj Inju	138	1.2%	409,730	2.3%	2,969
F. Other	516	4.4%	712,564	3.9%	1,381
Treatment - Subtotal	11,803	100.0%	18,174,758	100.0%	1,540



HCDB Exhibit Five

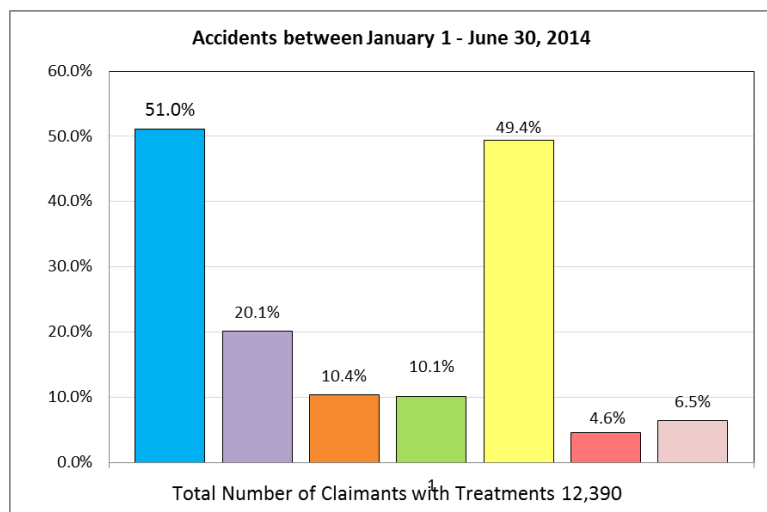
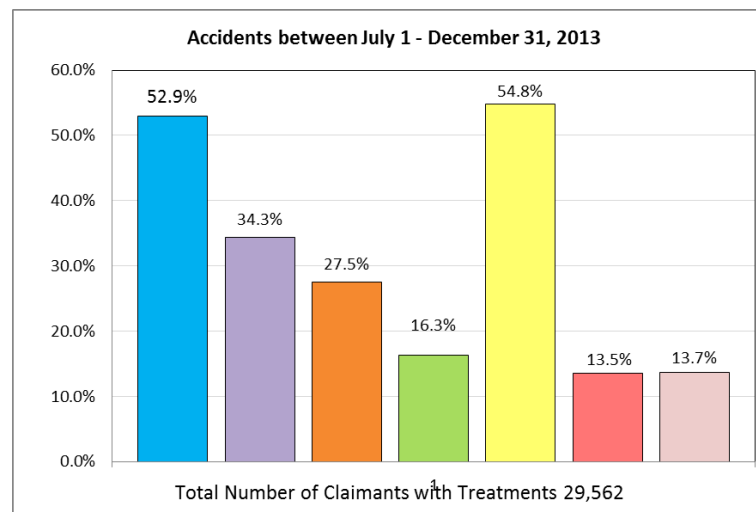
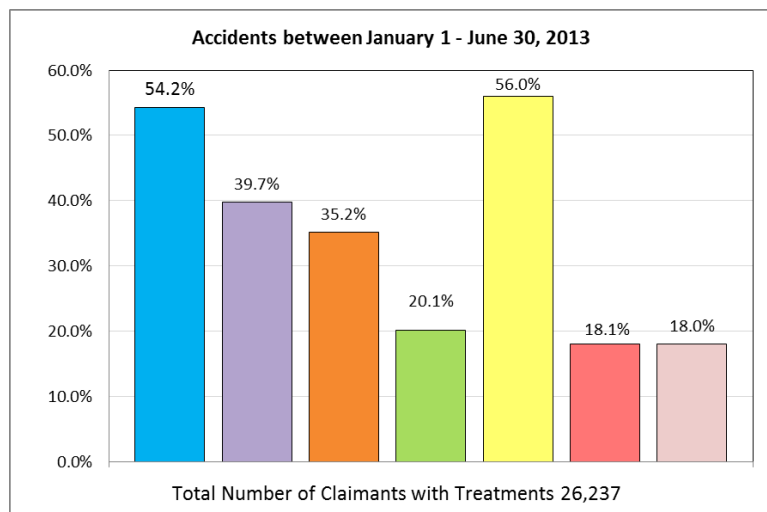
Claimants by Healthcare Professional Occupation Class

Specific occupation data of the health care providers started to be collected for all treatments in late 2012. Accident period January 1 – June 30, 2013 is the first accident period for which the Healthcare Professional Occupation Class data is available.



Percentage of Claimants by Healthcare Professional Occupation Class

Based on claim transactions between the Accident Date and June 30, 2014



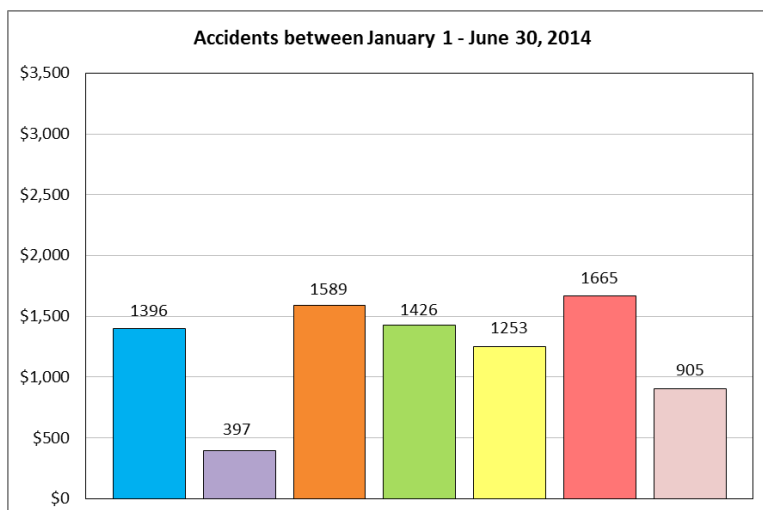
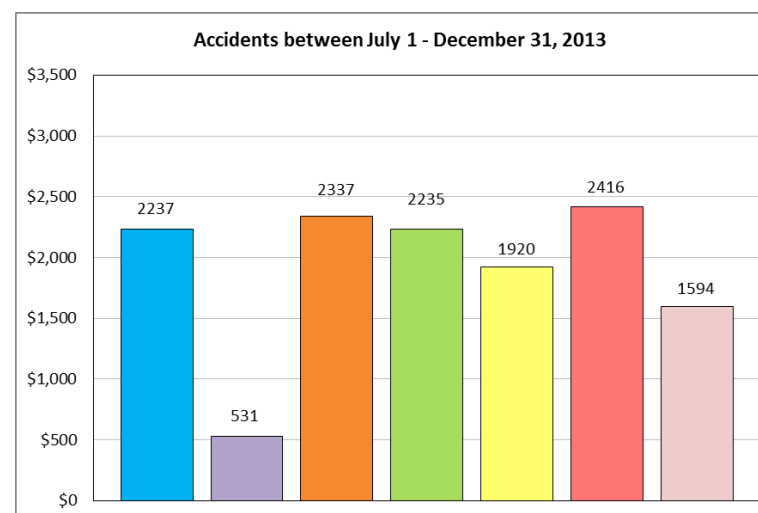
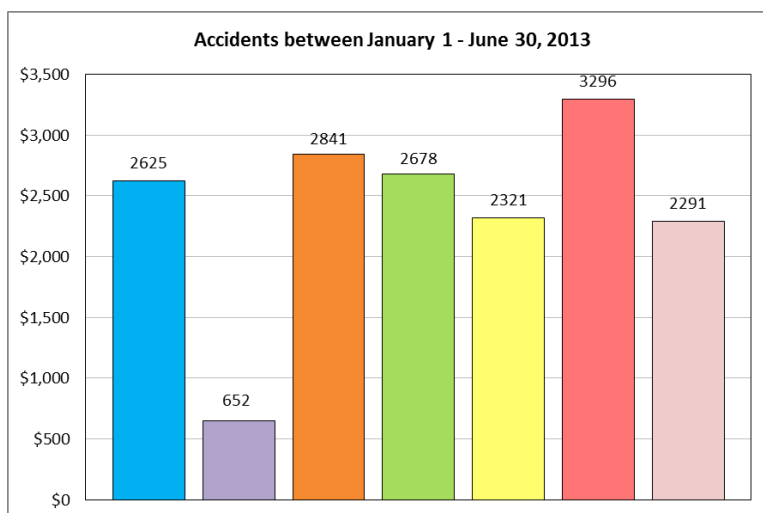
Healthcare Professional Occupation Class

■ Chiropractic
 ■ Massage Therapy
 ■ Medicine
 ■ Occupational Therapy
 ■ Physiotherapy
 ■ Psychology
 ■ Other



Average Amount Paid per Claimant by Healthcare Professional Occupation Class

Based on claim transactions between the Accident Date and June 30, 2014



Healthcare Professional Occupation Class

■ Chiropractic ■ Massage Therapy ■ Medicine ■ Occupational Therapy ■ Physiotherapy ■ Psychology ■ Other



Treatments/Assessments by Healthcare Professional Occupation Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2013				
Healthcare Professional Occupation Class	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Chiropractic	14,233	54.2%	37,362,231	25.6%	2,625
Massage Therapy	10,426	39.7%	6,800,929	4.7%	652
Medicine	9,233	35.2%	26,227,015	18.0%	2,841
Occupational Therapy	5,275	20.1%	14,124,250	9.7%	2,678
Physiotherapy	14,690	56.0%	34,094,048	23.4%	2,321
Psychology	4,740	18.1%	15,622,944	10.7%	3,296
Other	4,717	18.0%	10,806,671	7.4%	2,291
Unallocated Amount	0	0.0%	765,895	0.5%	0
All Classes Total	26,237	100.0%	145,803,984	100.0%	5,557

All Claimants	Accident dates July 1 - December 31, 2013				
Healthcare Professional Occupation Class	Number of Claimants	Percent of Total Claimants	Insurer Paid	Percent of Total Insurer Paid	Average Insurer Paid per Claimant
Chiropractic	15,653	52.9%	35,012,971	30.1%	2,237
Massage Therapy	10,153	34.3%	5,395,519	4.6%	531
Medicine	8,123	27.5%	18,986,606	16.3%	2,337
Occupational Therapy	4,831	16.3%	10,794,959	9.3%	2,235
Physiotherapy	16,209	54.8%	31,120,283	26.8%	1,920
Psychology	3,991	13.5%	9,643,296	8.3%	2,416
Other	4,055	13.7%	6,464,304	5.6%	1,594
Unallocated Amount	0	0.0%	-1,132,364	-1.0%	0
All Classes Total	29,562	100.0%	116,285,573	100.0%	3,934



Treatments/Assessments by Healthcare Professional Occupation Class and Accident Date

Based on claim transactions between the Accident Date and June 30, 2014

All Claimants	Accident dates January 1 - June 30, 2014				
	Healthcare Professional Occupation Class	Number of Claimants	Percent of Total Claimants	Insurer Paid Total	Average Insurer Paid per Claimant
	Chiropractic	6,324	51.0%	8,830,657	1,396
	Massage Therapy	2,492	20.1%	989,178	397
	Medicine	1,291	10.4%	2,051,558	1,589
	Occupational Therapy	1,246	10.1%	1,776,733	1,426
	Physiotherapy	6,119	49.4%	7,668,756	1,253
	Psychology	566	4.6%	942,370	1,665
	Other	801	6.5%	725,245	905
	Unallocated Amount	0	0.0%	-801,563	0
	All Classes Total	12,390	100.0%	22,182,934	1,790



Acknowledgements

We appreciate the help of HCAI Processing in providing IBC with depersonalized HCAI data. We also appreciate the guidance and support we have received from the joint working group with MOF, FSCO and the Coalition in the process of creating this HCDB standard report and defining the various reporting dimensions.

This report and any updates are posted on the IBC website: www.ibc.ca.

Disclaimer

IBC has performed thorough due diligence to check, verify and eventually exclude some data before generating this report to ensure its accuracy and completeness. However, an independent data audit is not currently mandated or performed. For this reason the responsibility for any errors or omissions in the original data provided to IBC and shown in this report remains with the reporting health care facilities and the approving insurers.

The responsibilities and the interpretation for this report are ultimately with IBC.

If you have any questions concerning this report please contact: HCDB-Inquiries@ibc.ca

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